

Discussion regarding classification of sexual disorders in DSM-5 and research trends within the area of sexual disorders in Poland

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Summary

The fifth version of the American Psychiatric Association's classification, DSM, was released in May 2013. Its completion was preceded by years of intensive discussions, clinical trials and secondary data analysis, which were aimed at as best as possible reflecting of clinical reality. In the present article review of literature was presented, showing the range of work connected with the area of widely understood sexual disorders as well as the most important changes regarding it that are included in DSM-5. Review of Polish literature published in the last three years (2011-2013) regarding sexual issues in selected scientific journals: Seksuologia Polska (Polish Sexology), Ginekologia Polska (Polish Gynecology), Psychiatria Polska (Polish Psychiatry), Psychoterapia (Psychotherapy) was also conducted. It was aimed at analysis of basic research trends within the area of sexual disorders in Poland. The review shows that there were relatively not many articles, they were concentrated on interdisciplinary issues and clinical populations of patients suffering from disorders different than sexual. It was noticed that there were no articles on paraphilic, and at the same time publications regarding forensic sexology were present. It would be advisable to publish reports from scientific congresses of sexology on a more regular basis, that would perhaps inspire further research in the field of sexology in our country.

Key words: DSM-5, sexology

Introduction

The fifth version of the DSM classification had its premiere on this year congress of the American Psychiatric Association, which was held in May in San Francisco. It is worth to remind that the formal works had started in the year 2008 (declaration of DSM Task Force), but it can be assumed that its introduction was preceded by more than a decade (the previous version DSM-IV-TR comes from the year 2000 and DSM IV from 1994) of discussions, conferences, literature reviews, clinical researches and secondary analyses, aimed at providing the best possible reflection of clinical reality

and scientific validity in the classification criteria. This attitude seems to be especially essential with respect to the widely understood sexual disorders, not only because of their “especially socially sensitive” nature, but also because of the indicated limitations in basing of some of the criteria included in the previous DSM versions on solid empirical grounds [1].

Discussion on the classification of sexual disorders during the development of DSM-5¹

Within the framework of the Sexual and Gender Identity Disorders Work Group under the supervision of Kenneth J. Zucker, in the works related to the area of sexual disorders in the current version of the DSM participated three subgroups dealing with issues of sexual dysfunction, gender identity disorders, and disorders of sexual preference.

Although a full review of publications prepared on the occasion of these works [2] is a task beyond the scope of this article, it is worth to conclude that much of the attention was devoted to the issue of desire disorder, including excessive sexual drive [3-9], their associations with arousal disorders in women [10, 11] and orgasm disorders [12-15]. With regard to male sexual dysfunctions erectile dysfunction criteria [16] and based on research definition of premature ejaculation were dealt with [17]. Numerous papers on the criteria of gender identity disorders in both adults and children as well as adolescents were published [18-24].

Many publications that have arisen in the course of works on the 5th version of the DSM related to disorders of sexual preferences, including proposals for the verification of diagnostic criteria for pedophilia, hebephilia and pedohebephilia [25-29]. Also, the controversial issue of distinguishing a new diagnosis, i.e. Coercive Paraphilic Disorder (obtaining sexual satisfaction by forcing/intimidation) gained a lot of space both in terms of research, as well as interdisciplinary discussions [30-34]. It is worth noting that this proposal has not been finally adopted by the Board of Trustees (APA), just as the postulate of changes in the criterion A in pedophilia, concerning the inclusion in Section III (conditions for further study) of the Body Integrity Identity Disorder (disorder connected with experiencing the need for amputation of a body part or a spinal cord injury to induce paralysis, often with a significant component of the sexual motivation, [e.g. 35]) as well as of the Hypersexual Disorder (hypersexuality).

It is also impossible not to mention the extremely interesting articles enclosing a number of issues related to sexual dysfunction in historical perspective [36-39].

Changes in the classification of sexual disorders in DSM-5

Finally, in the current version of the DSM, in the range of diagnoses of disorders related to sexuality, the following changes were introduced, compared to the fourth version - the revised DSM-IV-TR [2].

1. In the place of Gender Identity Disorder - Gender Dysphoria has been introduced – and, analogically – in the place of Gender Identity Disorder Not Otherwise Specified - Other Specified Gender Dysphoria and Unspecified Gender Dysphoria have been proposed.

¹APA has decided to change the Roman numerals into Arabic (the authors' footnote).

2. Male Orgasmic Disorder has replaced by Delayed Ejaculation.
3. Male Erectile Disorder has been changed into Erectile Disorder.
4. Hypoactive Sexual Desire Disorder and Female Sexual Arousal Disorder have been replaced by Female Sexual Interest/Arousal Disorder
5. Dyspareunia and Vaginismus have been combined into one diagnoses – namely Genito-Pelvic Pain/Penetration Disorder.
6. Hypoactive Sexual Desire Disorder has been changed into Male Hypoactive Sexual Desire Disorder.
7. Premature Ejaculation has turned into Premature (Early) Ejaculation
8. Sexual Aversion Disorder has been removed.
9. Sexual Dysfunction Due to General Medical Condition and Substance-Induced Sexual Dysfunction have been linked into Substance/Medication-Induced Sexual Dysfunction.
10. Sexual Dysfunction Not Otherwise Specified has been altered into Other Specified Sexual Dysfunction; Unspecified Sexual Dysfunction has been introduced.
11. Voyeurism – Voyeuristic Disorder
12. Exhibitionism – Exhibitionistic Disorder
13. Frotteurism – Frotteuristic Disorder
14. Sexual Masochism– Sexual Masochism Disorder,
15. Sexual Sadism – Sexual Sadism Disorder.
16. Pedophilia – Pedophilic Disorder.
17. Fetishism– Fetishistic Disorder.
18. Transvestic Fetishism – Transvestic Disorder.
19. Paraphilia Not Otherwise Specified has been changed into Other Specified and Unspecified Paraphilic Disorder.

To summarize briefly the most important modifications, the new version of the DSM is based on the results of studies showing the non-linear course of the female sexual response cycle, resulting in a combination of sometimes difficult to distinguish disorders of desire and genital response in a single diagnoses. Also criterion for the duration of disorders was extended to a minimum of 6 months, which should help in the differentiation of „sexual difficulties” and „disorders”. Difficult to distinguish pain disorders (dyspareunia and vaginismus) were also combined.

Paraphilia preferences are not considered to be a mental disorder unless cause suffering or impairment of a person’s daily functioning, or entail harming or threatening to harm other people. [40].

Obviously, with the release of DSM-5 the possibilities for a discussion do not end - on the contrary - they are just beginning - just as suggestions on directions for further research arising from the findings verbalized in the classification [2].

Overview of Polish literature on sexual disorders in the years 2011-2013

In this context, the authors of this study considered it appropriate to analyze the state of published in Poland in recent years (January 2011-November 2013) works in

the field of sexology, assuming that they are an expression of scientific and research interests of Polish authors. It was assumed to analyze publications in journals representing the four areas related to sexology, i.e. Polish Sexology, Polish Gynecology, Polish Psychiatry and Psychotherapy (*Seksuologia Polska, Ginekologia Polska, Psychiatria Polska and Psychoterapia*)

In the mentioned period, there were numerous works on the quality of life, including sexual life in the context of a variety of somatic health of disorders. They were related to interstitial cystitis [41], myocardial infarction and cardiovascular disorders [42-44], diabetes [45], neoplastic disease [46, 47]. In this trend we can also place the works on side effects of hormone supplementation [48], sexual dysfunction in people with a diagnosis of infertility [49, 50], women suffering from vulvodynia [51], works concerning the issue of coping with stigma associated with sexually transmitted disease [52] or the relationship between sexual satisfaction and a sense of the quality of life [53].

Sexual functioning of various populations was also investigated: in women [54-56], pregnant women [57-59], men [60], dancers and athletes [61], persons with disabilities [62, 63], medical students [64, 65], and finally patients with neurotic [66] and affective disorders [67]. In this context it is worth paying attention to works concerning the impact of sexual trauma on body image and psychopathological symptoms in patients diagnosed with anxiety disorders and personality disorders [68, 69]. In recent years, interest in research issues related to sexual orientation [70-72], gender identity [73, 74] and the underlying issues of interest to the forensic sexology has also increased [75-77]. Articles on the sexological therapy conducted in different theoretical approaches [78-80], as well as relating to sexological issues in the aspect of the patient-physician relationship [81] and the socio-historical context [82-86] have also been published.

During the analyzed period one tool for screening [87] was published, there was also one paper dedicated to reflection on diagnostics on psychosexual immaturity [88].

Summary

It seems that on the basis of the above review of the literature in the widely recognized area of sexology published during the past three years, it can be said that it is relatively scarce. Polish authors have focused largely on the interdisciplinary work and research of clinical populations treated for reasons other than sexual disorders. Attention is driven to lack of papers dedicated to disorders of sexual preference, with the exception of the court issuing opinions in the case of pedophilia. Perhaps useful and inspiring for further research would be more regular publication of reports from scientific congresses in the field of sexology [89].

Дискуссия над классификацией сексуальных нарушений в ДСМ-В и исследовательские направления в области сексуологии в Польше

Содержание

Пятая версия, повседневно используемой классификации ДСМ, вошла в жизнь в мае 2013 года. Её появлению предшествовали многолетние интенсивные дискуссии, клинические исследования и анализы данных.

Все это должно было способствовать наиболее действительному отражению клинической картины. В настоящей статье представлен литературный обзор с отражением радиуса работ над вопросами, связанным с широкими понятиями сексуальных нарушений и наиболее важные изменениями относящиеся к этой области знаний, содержащиеся в ДСМ-В. Проведен также обзор сообщений из области сексуологии в некоторых польских журналах – Польской сексуологии, Польской гинекологии, Польской психиатрии, Психотерапии в последних трех годах (2011–2013). В этом обзоре представлен анализ основных направлений исследований, проводимых в Польше. Проведенный обзор указывает на относительно небольшое число работ по сексуологии на интердисциплинарных исследованиях, относящихся к клиническим популяциям, леченных по-поводу иных, чем сексуальные нарушения. Обращает на себя внимание отсутствие работ, повященных нарушению сексуальных преференций, при однозначному наличию публикаций по вопросам судебной сексуологии. По-видимому, в настоящее время имеется необходимость регулярному сообщению материалов с научных конгрессов по проблемам сексуологии, которые то могут повлиять на проведение исследований в нашей стране.

Ключевые слова: ДСМ-В, сексуология

Diskussion an der Klassifikation der sexuellen Störungen in DSM-5 und Forschungstrends im Bereich Sexuologie in Polen

Zusammenfassung

Die fünfte Version der verbreiteten DSM – Klassifikation trat ins Leben im Mai 2013. Ihrer Entstehung gingen mehrjährige intensive Diskussionen, klinische Untersuchungen und Datenanalysen voran, die zum Ziel hatten, die klinische Wirklichkeit am redlichsten darzustellen. Im vorliegenden Artikel wurde die Literaturübersicht besprochen, die den Umfang der Arbeiten an den Fragen veranschaulicht, die mit den sexuellen Störungen verbunden sind. Die wichtigsten Veränderungen in DSM-5 wurden im Hinblick auf diesen Bereich besprochen. Es wurde auch eine Übersicht der Veröffentlichungen aus dem Bereich der Sexualwissenschaft aus den ausgewählten polnischen wissenschaftlichen Zeitschriften im Bezug auf die letzten 3 Jahre (2011-2013) durchgeführt – Seksuologia Polska, Ginekologia Polska, Psychiatria Polska, Psychoterapia. Die Übersicht hatte zum Ziel die Haupttrends im Bezug auf die Sexuologie in Polen zu analysieren. Es wurde auf eine geringe Zahl der Arbeiten aus dem Bereich der Sexualwissenschaft hingewiesen und auf Konzentration auf interdisziplinäre Untersuchungen zu klinischen Populationen, die aus anderen Gründen als sexuelle Störungen behandelt werden. Aufmerksam macht der Mangel an Arbeiten, die die Störungen der sexuellen Orientierung besprechen, bei gleichzeitiger Anzahl der Veröffentlichungen aus dem Bereich der forensischen Sexualforschung. Es wäre angebracht, regelmäßiger die Berichte aus den wissenschaftlichen Kongressen im Bereich der Sexualwissenschaft zu veröffentlichen, die zu den in unserem Land geführten Untersuchungen inspirieren können.

Schlüsselwörter: DSM-5, Sexualwissenschaft

La discussion touchant la classification des troubles sexuels de DSM-5 et les directions des recherches dans le domaine de la sexologie en Pologne

Résumé

La cinquième version de la classification DSM entre en usage en mai 2013. Elle a été précédée de plusieurs années de discussion, des recherches cliniques et des analyses des données pour pouvoir le mieux représenter la réalité clinique. Ce travail donne une revue de littérature en question concernant surtout les changements de DSM-5. Ces auteurs présentent encore la revue des journaux scientifiques polonais : Seksuologia Polska, Ginekologia Polska, Psychiatria Polska, Psyhoterapia, des années 2011-2013 pour analyser les tendances des recherches dans la sexologie en Pologne. Les résultats de cette analyse démontrent ces recherches sont relativement rares et elles se concentrent aux recherches interdisciplinaires touchant les populations traitées à cause d'autres troubles que les troubles sexuels. On note qu'il n'y a pas d'articles analysant les paraphilic et d'autre part qu'il en

a assez de la sexologie médicolégale. Il semble que les publications plus régulières des rapports des congrès de la sexologie peuvent inspirer les recherches futures en question en Pologne.

Mots clés : DSM-5, sexologie

References

1. Blanchard R. *A brief history of field trials of the DSM diagnostic criteria for paraphilic disorders (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40(5): 861–862.
2. Zucker KJ. *DSM-5: Call for commentaries on gender dysphoria, sexual dysfunctions, and paraphilic disorders*. Arch. Sex. Behav. 2013; 42(5): 669–674.
3. Kafka MP. *Hypersexual disorder: A proposed diagnosis for DSM-V*. Arch. Sex. Behav. 2010; 39: 377–400.
4. Kaplan MS, Krueger RB. *Diagnosis, assessment, and treatment of hypersexuality: annual review of sex research*. J. Sex Res. 2010; 47: 181–198.
5. Walters GD, Knight RA, Långström N. *Is hypersexuality dimensional? Evidence for the DSM-5 from general population and clinical samples*. Arch. Sex. Behav. 2011; 40(6): 1309–1321.
6. Kafka MP, Krueger RK. *Response to Moser's critique of hypersexual disorder for DSM-5 (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40: 231–232.
7. Kafka MP, Krueger RK. *Response to Halpern's critique of hypersexual disorder (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40: 489–490.
8. Brotto LA. *The DSM diagnostic criteria for hypoactive sexual desire disorder in women*. Arch. Sex. Behav. 2010; 39: 221–239.
9. Brotto LA. *The DSM diagnostic criteria for hypoactive sexual desire disorder in men*. J. Sex. Med. 2010; 7: 2015–2030.
10. Graham CA. *The DSM diagnostic criteria for female sexual arousal disorder*. Arch. Sex. Behav. 2010; 39: 240–255.
11. Brotto LA, Graham CA, Binik YM, Segraves RT, Zucker KJ. *Should sexual desire and arousal disorders in women be merged? A response to DeRogatis, Clayton, Rosen, Sand, and Pyke (2010); (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40: 221–225.
12. Graham CA. *The DSM diagnostic criteria for female orgasmic disorder*. Arch. Sex. Behav. 2010; 39: 256–270.
13. Rellini AH, Clifton J. *Female orgasmic disorder*. Adv. Psychosom. Med. 2011; 31: 35–56.
14. Segraves RT. *Considerations for a better definition of male orgasmic disorder in DSM-V*. J. Sex. Med. 2010; 7: 690–695.
15. Wylie K, Ralph D, Levin RJ, Corona G, Perelman MA. *Comments on "Considerations for a better definition of male orgasmic disorder in DSMV"*. J. Sex. Med. 2010; 7: 695–699.
16. Segraves RT. *Considerations for diagnostic criteria for erectile dysfunction in DSM-V*. J. Sex. Med. 2010; 7: 654–660.
17. Segraves RT. *Considerations for an evidence-based definition of premature ejaculation in DSM-V*. J. Sex. Med. 2010; 7: 672–679.
18. Zucker KJ. *The DSM diagnostic criteria for gender identity disorder in children*. Arch. Sex. Behav. 2010; 39: 477–498.
19. Cohen-Kettenis PT, Pfäfflin F. *The DSM diagnostic criteria for gender identity disorder in adolescents and adults*. Arch. Sex. Behav. 2010; 39: 499–513.
20. Drescher J. *Transsexualism, gender identity disorder and the DSM*. J. Gay Lesbian Ment. Health 2010; 14: 109–122.

21. Paap MC, Kreukels BP, Cohen-Kettenis PT, Richter-Appelt H, de Cuypere G, Haraldsen IR. *Assessing the utility of diagnostic criteria: a multisite study on gender identity disorder*. J. Sex. Med. 2011; 8: 180–190.
22. Richter-Appelt H, Sandberg DE. *Should disorders of sex development be an exclusion criterion for gender identity disorder in DSM-5?* Int. J. Transgenderism 2010; 12: 94–99.
23. Lawrence AA. *Sexual orientation versus age of onset as bases for typologies (subtypes) of gender identity disorder in adolescents and adults*. Arch. Sex. Behav. 2010; 39: 514–545.
24. Lawrence AA. *Proposed revisions to gender identity disorder diagnoses in the DSM-5 (Letter to the Editor)*. Arch. Sex. Behav. 2010; 39: 1253–1260.
25. Blanchard R. *The DSM diagnostic criteria for pedophilia*. Arch. Sex. Behav. 2010; 39: 304–316.
26. Blanchard R. *The fertility of hebephiles and the adaptationist argument against including hebephilia in DSM-5 (Letter to the Editor)*. Arch. Sex. Behav. 2010; 39: 817–818.
27. Blanchard R. *The specificity of victim count as a diagnostic indicator of pedohebephilia (Letter to the Editor)*. Arch. Sex. Behav. 2010; 39: 1245–1252.
28. Hames R, Blanchard R. *Anthropological data regarding the adaptiveness of hebephilia (Letter to the Editor)*. Arch. Sex. Behav. 2012; 41(4): 745–747.
29. Blanchard R. *Misdiagnoses of pedohebephilia using victim count: A reply to Wollert and Cramer (2011); (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40: 1081–1088.
30. Quinsey VL. *Coercive paraphilic disorder*. Arch. Sex. Behav. 2010; 39: 405–410.
31. Knight RA. *Is a diagnostic category for paraphilic coercive disorder defensible?* Arch. Sex. Behav. 2010; 39: 419–426.
32. Thornton D. *Evidence regarding the need for a diagnostic category for a coercive paraphilia*. Arch. Sex. Behav. 2010; 39: 411–418.
33. Stern P. *Paraphilic coercive disorder in the DSM: The right diagnosis for the right reasons*. Arch. Sex. Behav. 2010; 39: 1443–1447.
34. Wollert R. *Paraphilic coercive disorder does not belong in the DSM-5 for statistical, historical, conceptual, and practical reasons (Letter to the Editor)*. Arch. Sex. Behav. 2011; 40: 1097–1098.
35. Giummarrà MJ, Bradshaw JL, Hilti LM, Nicholls ME, Brugger P. *Paralyzed by desire: a new type of body integrity identity disorder*. Cogn. Behav. Neurol. 2012; 25(1): 34–41.
36. Angel K. *The history of 'female sexual dysfunction' as a mental disorder in the 20th century*. Curr. Opin. Psychiatry 2010; 23: 536–541.
37. De Block A, Adriaens PR. *Pathologizing sexual deviance: A history*. J. Sex Res. 2013; 50: 276–298.
38. Drescher J. *Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual*. Arch. Sex. Behav. 2010; 39: 427–460.
39. Pfafflin F. *Remarks on the history of the terms identity and gender identity*. Int. J. Transgenderism 2011; 13: 13–25.
40. www.dsm5.org [dostęp: 01.10.2013]
41. Schmid C, Berger K, Müller M, Silke J, Mueller M, Kuhn A. *Zespół bolesnego pęcherza moczowego: leczenie i wpływ na funkcje seksualne oraz jakość życia*. Ginekol. Pol. 2011; 82(02): 96–101.

42. Puchalski B, Szymański FM, Kowalik R, Filipiak KJ. *Ocena zachowań seksualnych mężczyzn w ciągu pierwszych 9 miesięcy po zawale serca*. Seksuol. Pol. 2013; 11(2): 24–28.
43. Puchalski B, Szymański FM, Kowalik R, Filipiak KJ. *Dysfunkcje seksualne u mężczyzn w ciągu pierwszych 9 miesięcy po przebytym zawale serca*. Psychiatr. Pol. 2013; 47(5): 811–826.
44. Zdrojewicz Z, Biega P, Rychter J. *Zaburzenia erekcji a choroby układu krążenia*. Seksuol. Pol. 2013; 11(2): 29–39.
45. Makara-Studzińska M, Partyka I. *Zaburzenia funkcji seksualnych u kobiet chorujących na cukrzycę*. Seksuol. Pol. 2011; 9(1): 22–26.
46. Makara-Studzińska M, Kowalska AJ. *Akceptacja siebie po utracie piersi — wsparcie informacyjne*. Seksuol. Pol. 2011; 9(1): 16–21.
47. Mroczek B, Kurpas D, Grochans E, Kuszmar G, Rotter I, Żultak-Bączkowska K i wsp. *Funkcjonowanie psychosexualne kobiet po leczeniu raka sutka*. Psychiatr. Pol. 2012; 46(1): 51–61.
48. Radko M, Łucka I, Ziółkowski J. *Jatrogenne skutki suplementacji testosteronu u osób z Zespołem Klinefeltera*. Psychiatr. Pol. 2011; 45(1): 87–95.
49. Filipk K, Marcyniak ME. *Zespół seksualny niepłodnych układów partnerskich*. Seksuol. Pol. 2012; 10(2): 61–66.
50. Makara-Studzińska M, Wdowiak A, Bakalczuk G, Bakalczuk S, Kryś K. *Problemy emocjonalne wśród par leczonych z powodu niepłodności*. Seksuol. Pol. 2012; 10(1): 28–35.
51. Kocur D. *Funkcjonowanie seksualne oraz sytuacja psychologiczna kobiet chorych na wulwodynę*. Seksuol. Pol. 2012; 10(1): 15–20.
52. Rzepa T, Źaba R, Silny W. *Management of the stressful stigma attached to sexually transmitted disease (preliminary report)*. Ginekol. Pol. 2011; 82(09): 675–679.
53. Nomejko A, Dolińska-Zygmunt G, Zdrojewicz Z. *Poczucie jakości życia a satysfakcja z życia seksualnego. Badania własne*. Seksuol. Pol. 2012; 10(2): 54–60.
54. Jarząbek-Bielecka G, Durda M, Sowińska-Przepiera E, Kaczmarek M, Kędzia W. *Aktywność seksualna dziewcząt. Aspekty medyczne i prawne*. Ginekol. Pol. 2012; 83(11): 827–834.
55. Machaj-Szczerek A. *Zachowania homoseksualne podejmowane przez kobiety będące w związku heteroseksualnych - badania własne*. Seksuol. Pol. 2012; 10(2): 47–53.
56. Machaj A, Roszak M. *Zachowania seksualne podejmowane poza stałą relacją partnerską przez kobiety posiadające małe dziecko — badania własne*. Seksuol. Pol. 2011; 9(1): 1–10.
57. Kucharska M, Kossakowska K, Janicka K. *Czy jest nadzieję na seks przy nadziei? Seksualność a ciąża w opinii kobiet*. Seksuol. Pol. 2013; 11(2): 17–23.
58. Makara-Studzińska M, Wdowiak A, Plewik I, Kryś KM. *Seksualność kobiet w ciąży*. Seksuol. Pol. 2011; 9(2): 85–90.
59. Makara-Studzińska M, Wdowiak A, Plewik I, Kryś KM. *Wpływ aktywności seksualnej kobiet w ciąży na stan zdrowia noworodka*. Seksuol. Pol. 2011; 9(2): 57–63.
60. Izdebski Z. *Zdrowie seksualne mężczyzn. Wybrane zagadnienia*. Seksuol. Pol. 2012; 10(1): 1–8.
61. Dobosz P, Guszkowska M. *Seksualność tancerzy i osób uprawiających japońskie sztuki walki*. Seksuol. Pol. 2013; 11(1): 11–16.
62. Adamczyk JG, Kocyk S, Boguszewski D. *Oczekiwania osób niepełnosprawnych i fizjoterapeutów wobec rehabilitacji seksualnej*. Seksuol. Pol. 2012; 10(1): 21–27.
63. Adamczyk JG, Kocyk S, Boguszewski D. *Ocena wiedzy fizjoterapeutów na temat rehabilitacji seksualnej osób niepełnosprawnych*. Seksuol. Pol. 2012; 10(1): 21–27.

64. Müldner-Nieckowski Ł, Klasa K, Sobański JA, Rutkowski K, Dembińska E. *Seksualność studentów medycyny – rozwój i realizacja potrzeb seksualnych*. Psychiatr. Pol. 2012; 46(1): 35–49.
65. Müldner-Nieckowski Ł, Sobański JA, Klasa K, Dembińska E, Rutkowski K. *Seksualność studentów medycyny – przekonania i postawy*. Psychiatr. Pol. 2012; 46(5): 791–805.
66. Sobański JA, Müldner-Nieckowski Ł, Klasa K, Rutkowski K, Dembińska E. *Objawy i problemy związane z seksualnością pacjentów dziennego oddziału leczenia zaburzeń nerwicowych*. Psychiatr. Pol. 2012; 46(1): 21–34.
67. Szpitalak M, Prochowicz K. *Płeć psychologiczna osób z depresją kliniczną. Doniesienie wstępne*. Psychiatr. Pol. 2013; 47(1): 53–64.
68. Skrzypka N, Suchańska A. *Uraz seksualny jako czynnik ryzyka zaburzeń doświadczania własnej cielesności*. Seksuol. Pol. 2011; 9(2): 51–56.
69. Sobański JA, Klasa K, Müldner-Nieckowski Ł, Dembińska E, Rutkowski K, Cyranka K. *Sensualne wydarzenia urazowe a obraz zaburzeń nerwicowych – objawy związane i nie związane z seksualnością*. Psychiatr Pol. 2013; 47(3): 411–431.
70. Grabski B, Iniewicz G, Mijas M. *Zdrowie psychiczne osób homoseksualnych i biseksualnych – przegląd badań i prezentacja zjawiska*. Psychiatr. Pol. 2012; 46(4): 637–647.
71. Iniewicz G, Grabski B, Mijas M. *Zdrowie psychiczne osób homoseksualnych i biseksualnych – rola stresu mniejszościowego*. Psychiatr. Pol. 2012; 46(4): 649–663.
72. Mijas M, Iniewicz G, Grabski B. *Stadialne modele formowania się tożsamości homoseksualnej. Implikacje dla praktyki terapeutycznej*. Psychiatr. Pol. 2012; 46(5): 815–828.
73. Jarząbek-Bielecka G. *Znaczenie zaburzeń rozwoju płci gonadosforycznej w medycynie seksualnej*. Seksuol. Pol. 2012; 10(2): 70–75.
74. Antoszewski B, Fijałkowska M, Kasielska A. *Obraz transseksualistów typu kobieta-mężczyzna w społeczeństwie polskim*. Psychiatr. Pol. 2012; 46(5): 807–814.
75. Łabęcka M, Jarząbek-Bielecka G, Lorkiewicz-Muszyńska D. *Sexual offences – selected casus*. Ginekol. Pol. 2013; 84(4): 309–313.
76. Marcinek P, Kapała A. *Pedofilia w opiniowaniu sądowo-seksuologicznym*. Seksuol. Pol. 2012; 10(2): 76–84.
77. Gierowski JK. *Uwagi psychologa sądowego o nowych regulacjach prawnych w sprawach o tzw. przestępstwa seksualne*. Psychiatr. Pol. 2012; 46(1): 5–19.
78. Konieczna B, Hryńko M. *Seksualność w ujęciu terapii systemowej*. Seksuol. Pol. 2012; 10(1): 36–40.
79. Cysarz D. *Zaburzenia seksualne a terapia poznawczo-behawioralna*. Seksuol. Pol. 2012; 10(1): 41–45.
80. Sarzyńska J, Ruchel A. *Trening uwagowy w terapii osób z zaburzeniami kontroli impulsów*. Seksuol. Pol. 2011; 9(2): 76–79.
81. Charzyńska E. *Uczęszczanie do ginekologa i relacja pacjentka–lekarz wśród kobiet mających stosunki seksualne z kobietami*. Seksuol. Pol. 2013; 11(1): 1–10.
82. Filipek K, Marcyniak ME. *Chirurgiczna rekonstrukcja błony dziewiczej. Piętnaście lat później*. Seksuol. Pol. 2012; 10(1): 9–14.
83. Wojtalik J, Olejniczak D. *Komercyjne usługi seksualne jako problem zdrowia publicznego*. Seksuol. Pol. 2011; 9(1): 27–37.
84. Filipek K, Marcyniak ME. *Zarys historii problematyki dziewczęcia w Polsce (X–XXI w.)*. Seksuol. Pol. 2011; 9(1): 43–46.

85. Filipek K, Marcyniak ME. *Półdziewictwo a petting*. Seksuol. Pol. 2011; 9(1): 11–15.
86. Dora M, Mijas M. *Od masturbacyjnego obłędu do zdrowia seksualnego. Zmiany w postrzeganiu autoerotyzmu w dyskursie medycznym i terapii*. Psychoterapia 2012; 3(162): 65–75.
87. Kokoszka A, Czernikiewicz W, Radzio R, Jodko A. *Kwestionariusz Seksuologiczny – narzędzie do badań przesiewowych: założenia i trafność*. Psychiatr. Pol. 2011; 45(2): 235–244.
88. Marcinek P, Brzeska A, Kapała A, Peda A, Szumski F. *Niedojrzałość psychoseksualna jako termin diagnostyczny*. Seksuol. Pol. 2011; 9(1): 38–42.
89. Grabski B. *Co przyciąga dziś uwagę specjalistów zajmujących się seksualnością człowieka? Raport z 20. Światowego Kongresu Zdrowia Seksualnego w Glasgow*. Seksuol. Pol. 2011; 9(2): 80–84.

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Received: 7.11.2013

Revived: 11.11.2013

Accepted for publication: 11.11.2013