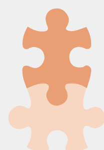
understanding

female sexual dysfunction

SEXUAL DYSFUNCTION ASSOCIATION



introduction

Women's needs in the vast arena of sexuality are very slowly, but finally beginning to emerge as a legitimate area worthy of investigation, study and treatment.

Sexual difficulties (or dysfunctions) for men and for women used to be considered 'all in the head'. Anyone who was brave enough to talk to their doctor about the problem was usually promptly referred to a psychiatrist. It is only in the last ten years or so that we have seen an increased interest in the subject of (mostly male) sexual dysfunction, prompted in part by the development of new drugs for erection difficulties. Research for treatment into drugs for female sexual dysfunction is already taking place and likewise has prompted research into the whole area of female sexual dysfunction. So what is female sexual dysfunction?

Defining this whole area is problematic as, just like a pair of shoes, female sexuality can be extremely varied, with so much choice! It is unique to that person, so when it comes to female sexuality (just like shoes) one size does definitely NOT fit all. Women differ in their values, and approaches to sexuality, social, cultural and relationship situations. Human sexuality is unique, diverse and complicated, it can bring with it both untold joy and abject misery.

For those women who are miserable as a consequence of a sexual dysfunction or difficulty it may be a lonely road to travel in the search for help. People do not often reveal (even to their closest friends) if they have a sexual difficulty and gaining access to trained professionals has been difficult or costly. The situation however is changing and there are now many more health professionals coming into the field of sexual medicine and

psychosexual therapy. The British Association for Sexual & Relationship Therapy (BASRT) and RELATE have trained therapists that are growing in number. So if you are suffering with a sexual difficulty, there has never been a better time than now to seek help. You may feel extremely awkward and embarrassed asking for help, but be reassured that there are trained professionals who have dedicated their working lives to help countless other women just like you!

Q *What is sexual dysfunction?*

A All women are not the same, and their sexual needs and problems cannot all fit neatly into categories or boxes. The system of classification that is currently in use is by no means comprehensive, but it does provide a framework for defining sexual difficulties. Generally speaking, the four main areas of sexuality with which women have difficulty with, are desire, arousal, orgasm and pain associated with intercourse. The different areas of dysfunction may be treated differently using a combination (or all) of the various therapies which are discussed later.

desire and drive disorders

Q *What are the signs of loss of sexual drive, and do a lot of women have this problem?*

A Sexual drive is the biological force that makes us seek out and behave sexually. About 30% of women have no sex drive at all. Some women may only experience this at certain times during their life, e.g. during pregnancy/childbirth, breastfeeding, and menopause or at times of crisis, upheaval or illness in their lives. For others it can be a chronic situation that causes them distress. The signs are no desire to initiate or participate in sex, lack of receptiveness to sexual activity and absence of any sexual thoughts or

daydreams. The need to be cuddled and loved is not lost, it's just that the interest or need for intercourse has diminished; this can cause problems within a relationship as the partner may often also feel neglected and unloved.

Q *So what causes loss of desire?*

A

Desire is a focused drive and makes us act in a certain way when we are sexually aroused. Desire is not static, it changes over the years. Many things can cause loss of sexual desire; it can be a physical problem, a psychological problem, or a combination of both.

Some physical reasons that may result in a lack of desire are medical or surgical interventions, hormone disorders and certain medical conditions such as diabetes, heart disease, multiple sclerosis, Parkinson's disease and depression. Other factors that may affect sexual desire are changes in contraception methods, tiredness, stress, mood disorders (such as anxiety), obesity or poor body image, relationship with partner, past traumatic sexual experiences and excessive alcohol or drug use. Lack of time or opportunity for sexual expression can lead to loss of desire. It may also be due to something very simple such as over familiarization or boredom with your sexual routine, or something that you find off putting about your partner (e.g., body odour, not shaving or even dirty fingernails)

Every woman will have a unique set of circumstances causing her loss of desire, and likewise the treatment plan should be individually tailored to meet her set of needs. No one type of treatment will be suitable for all; therefore an accurate understanding of the exact nature of the problem needs to be ascertained in order to treat that woman accordingly. If you are in a relationship and have a partner, you may be asked to invite your partner to

come along to the sessions. Wherever possible, treatment should involve the couple. Involving the partner in the process can help you feel supported and help you to realise that you are not 'doing it all yourself'. You will also be most welcome as a single person whether or not you have a current partner.

Q *How is loss of desire managed?*

A A detailed medical, sexual and social history should be obtained initially. You may find it extremely embarrassing at first to reveal these things to a stranger, but as the consultation progresses you will become more relaxed and understand the need for close and careful questioning. Depending on who you see and what your particular problem is, you may also be examined (with your consent) and you may need a blood test to check hormone levels. Other simple tests may also be done, such as urine testing and blood pressure checks, which may reveal diabetes or hypertension, both thought to possibly contribute to sexual dysfunction.

Treatment of any underlying medical condition that might be causing or contributing to the problem should always be tackled first; this in itself may help to alleviate some of the symptoms of loss of desire. The different types of treatment that you might expect may vary depending on who you see for your problem, but generally they fall into a few distinct categories with some overlap.

You may have one, all or a combination of the following:

- *Sex Therapy*
- *Psychosexual Therapy*
- *Counselling*
- *Medical treatment*
- *Lifestyle management e.g. obesity, alcohol or drugs*

Q

What is sex therapy?

A

Sex therapy helps people learn more about their bodies and feel at ease with the range of sexual feelings that they encounter. Cognitive behavioural approaches may be used as part of the programme of treatment. This approach deals with basic (incorrect) assumptions which some people may have about sex. Hopefully therapy will help you change those feelings that you want to change and enable you to accept those that you want to accept.

Sex therapy takes place in a supportive atmosphere in which individuals or couples can talk freely about their sexual, emotional and relationship issues with a specially trained professional who is knowledgeable and comfortable with human sexuality. Sex and relationship therapists have academic, clinical and supervised training and experience in sexual matters and treatments. Ensure that the person you are going to see is reputable.

(There is a list of organisations that you can use at the end of this booklet.)

Q

What happens in sex therapy?

A

You will be asked all about your problems and how they affect you or your relationship. You may start on different types of programmes (sexual growth programmes, Sensate Focus) which are designed to be a framework for learning more about how your body responds sexually and about your feelings. You will be given lots of information on why sexual problems arise and the common reasons for them.

If you have a partner, you may also be asked to start a programme called Sensate Focus. This is a series of sensual touching exercises that you complete at your own pace at home; it is designed to improve both the

sexual and the non-sexual communication of the couple. You will not be asked to do anything that you are not comfortable with. Sex therapy has been shown to be helpful in all areas of female sexual dysfunction.

Q *Can I take a tablet for loss of desire?*

A Because no two women are the same, producing a drug that will help all women with sexual drive problems is a huge task. Certain drugs are licensed for the treatment of low libido in post menopausal women, but there are very few drugs licensed for the broad range of female sexual disorders. The pharmaceutical companies are currently involved in research in this area. In a few years they may have some of the answers for these problems and a new era in the treatment and management of this distressing problem may begin.

arousal

Q *What other types of sexual dysfunctions are there?*

A Difficulties with sexual arousal are also a problem and source of distress for some women. Again, it may be that there is a physical or psychological reason for this or a combination of both. Arousal difficulties have many varied causes. During sexual arousal, a number of things happen to our bodies that you may not always be aware of. The clitoris (a sensitive part of the external genitalia that responds to touch) becomes engorged with blood and swells, as do the tissues surrounding the entrance to the vagina and the lips of the vagina which open out slightly to make the entrance into the vagina easier for intercourse. The internal structure of the vagina will elongate and slightly balloon at the top to accommodate penetration.

Other things that happen at this time, which you may be aware of, is an increase in the wetness (or lubrication) of the vagina. This also usually occurs as a response to sexual stimulation. Again, the purpose of this is to make penetration easier and more comfortable.

Arousal isn't just experienced physically by the body, but in the mind as well, sometimes physical changes may occur as a result of stimulation, yet the woman is unable to experience them because she does not (or cannot) recognise those sensations. A woman may also be able to experience arousal in masturbation situations and yet not with her partner, this may cause distress for the woman who may feel there is an element missing in her relationship.

Q *What might prevent arousal from occurring?*

A Sexual arousal, like erection in men is chiefly a vascular event, although many other things are important as well. A physical problem may prevent all these things from occurring, especially if you have a problem that may interfere with blood flow or nerve supply to your genitalia, particularly the clitoris or vagina.

Causes of this are thought to include diabetes, heart disease or atherosclerosis ('furred up' arteries). Damage to the spinal cord has also been implicated in arousal disorders as this may interfere with the messages that are sent from the genitalia to the brain. Disease or injury to these nerves may subsequently impair arousal. An adequate amount of hormones is needed to help us feel sexually aroused.

However, despite lots of physical reasons for women not experiencing arousal, the problem often co-exists with problems of drive and desire. It can be a simple problem, such as inadequate or poor sexual stimulation by a partner.

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Can it be a problem if arousal doesn't happen?

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Yes, it can be a problem. From a physical aspect, the fact that the vagina and the surrounding tissues have failed to respond to sexual stimulation may mean that the increase in wetness that usually occurs does not happen.

If intercourse were to be attempted under these circumstances, it could be an uncomfortable or even painful experience. Abrasions (small cuts or tears) may occur in the walls of the vagina, due to increased friction during attempted intercourse. It may be a problem from a psychological aspect as well.

If you fail to respond to the touch of your partner, you may feel that there is something wrong in the relationship, and you may become anxious or even angry at your partner for failing to 'press the right buttons' A lack of communication will only make the problem worse. It is vital to tell your partner what you like, and what you don't. If you never tell them, you can't expect them to know!

Lack of lubrication can become more of a problem for the menopausal woman. During the menopause the ovaries produce much less of the female hormone oestrogen. Low levels of oestrogen can affect the amount of lubrication during sexual arousal (as this is mainly an oestrogen dependent response)

Oestrogen is required for menstrual periods. Oestrogen helps keep skin looking youthful, strong bones need adequate amounts of oestrogen; it helps to maintain sexual interest and keeps the lining of the vagina healthy amongst other things.

Q

What other reasons may cause intercourse to be painful?

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There are many reasons why intercourse can be painful. Also, there are different types of pain that can occur during intercourse. Doctors use the word dyspareunia to mean painful intercourse. They may describe the pain as deep dyspareunia or superficial dyspareunia, depending on where the woman experiences the pain. Deep and superficial dyspareunia will have different causes.

Deep dyspareunia can be felt during deep penetration in intercourse. The major causes can include pelvic inflammatory disease, gynaecological, pelvic or abdominal surgery, radiotherapy for gynaecological cancers, uterine or vaginal tumours including fibroids, endometriosis (thickening of the womb lining), urinary tract infections, ovarian cysts, irritable bowel disease, lack of lubrication or some untreated sexually transmitted infections such as chlamydia (this may also cause adhesions which can be painful). It may also be caused by the position during intercourse as some positions allow for deeper penetration

Superficial dyspareunia or superficial vulval pain is common and has many causes. Women do not often seek help for this problem, hoping that it may resolve itself. Often superficial dyspareunia or superficial vulval pain can be a reason for avoiding intercourse to protect the woman from pain, which may in turn lead to difficulties in the relationship. It is often at this point that the woman may go to her doctor with the problem. Symptoms of superficial vulval pain can include aching, burning or stinging and the area can be quite red and inflamed (although not always). Some vulval pain can

be a result of a problem with the nerve fibres themselves which are not visible. The pain may be felt at times other than during intercourse and can even be triggered by non sexual activities such as walking, jogging or riding a bicycle.

Any problems that affect the skin can also affect the area around the vulva and vagina, such as eczema, warts, psoriasis and lichen sclerosis and can lead to the skin shrinking and becoming fragile, which may cause it to tear more easily around the vaginal opening. Other causes are thrush, herpes and vaginal ulcers. Inflammatory conditions of the vulval area such as vulvitis, vulvovaginitis, vulvodynia and vulvar vestibulitis can be very distressing. Highly perfumed creams, soaps and talcum powder, may cause irritation, as can sensitivity to spermicide and latex condoms.

The Vulval Pain Society has been set up for women who suffer with these distressing conditions the address can be found at the back of this booklet. Pain, or the fear of pain, can in some cases lead to a condition called vaginismus.

Q

What is vaginismus?

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Vaginismus is described in the medical textbooks as 'the recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina' or 'spasm of the muscles that surround the vagina, causing occlusion of the vaginal opening, so that penile entry is either impossible or painful'. These definitions reflect an emphasis on traditional penile/vaginal intercourse, and as such are outdated in a modern society.

The woman with vaginismus suffers embarrassment, anxiety and anger. Vaginismus can occur for a variety of reasons. It is usually considered to be

a conditioned response (something that is learned) and may result from the association of sexual activity with pain. Phobic reactions to the anticipation of pain could lead to an avoidance of intercourse.

There are two classifications of vaginismus: primary vaginismus, when the woman has never experienced vaginal penetration, and secondary vaginismus when the woman has previously experienced vaginal penetration without problems but subsequently suffers. The causes of vaginismus can include: belief that the vagina is too small, negative sexual thoughts (thinking sex is wrong or that sex will be painful and cause damage), previous sexual abuse, vaginal trauma (childbirth, episiotomy), painful conditions of the vagina and surrounding area, painful first intercourse, relationship problems, fear of pregnancy, strict religious beliefs and poor understanding of sexual function.

Q *Can Vaginismus be treated?*

A Yes. Vaginismus can be very successfully treated, in a lot of cases by a therapist or psychosexual doctor. Sex therapy has been shown to be particularly helpful for the woman who suffers with vaginismus. Treatment is based on the principle of sex education, psychological counselling and use of vaginal trainers.

Vaginal trainers are usually made of plastic in four graduated sizes. They are hollow cylindrical, dome tipped shapes that allow gentle progression of treatment. The smallest trainer is used first, gradually moving up in size, until the largest size can be easily and comfortably inserted. A twist lock handle can be used for ease of insertion (although some women prefer to use them without the handle). Some women do not wish to use vaginal trainers preferring to use their own fingers for the purpose of therapy and this is

quite acceptable. Some women may be reluctant to begin treatment, but it is very worthwhile to persevere as the success rate is very high.

The psychological reasons for vaginismus need to be addressed. The emphasis of treatment is not just on the vaginal spasm, but may also include relaxation techniques, the use of visual imagery (imagining a certain scenario), pelvic-floor type exercises and cognitive behavioural programmes. A cognitive behavioural approach seeks to reduce performance based anxieties and to replace irrational and uninformed beliefs about sex and sexuality with soundly based anatomical, physiological and psychological knowledge. It deals with the basic (incorrect) assumptions which comprise the major part of faulty thinking some people have about sex.

The patient/client assumes self responsibility and will be an active participant in her own treatment and will take gradual control of the situation as her level of anxiety diminishes. A plan of treatment will be tailored to suit her own individual needs. The therapist or doctor will explain every step, agreement on these guidelines is necessary for the treatment to have the best chance of success. The role of the doctor/therapist is to facilitate and guide the woman to become actively involved in her own treatment plan, and to eventually have control over her own body.

orgasm

Q ***Does it matter if you don't have an orgasm?***

A Unlike men, orgasm for women doesn't seem to be a universal requirement for successful intercourse, although of course this varies tremendously from woman to woman. Men may consider that intercourse without orgasm is like

playing in a nil-nil game of football. Women on the other hand may enjoy the game without the need for a goal!

Orgasm is an extremely varied event. If and when it does happen it can be varied even in the same woman. We do not know what the reason for orgasm is. It may be that it can act as a reinforcer of pleasurable sensations, therefore encouraging us to repeat the event and thereby being sexual with our partners or just for ourselves. The importance of being aware of ones' own body and its responses are important. Whatever the reason, the whole issue of orgasm can cause some women a lot of bother. It has been shown that sex therapy can be particularly useful in the treatment of women who are experiencing difficulties with orgasm

Q *What are orgasm difficulties?*

A

Consistent failure to achieve orgasm after normal and adequate sexual stimulation can be very distressing for you and your partner, especially if orgasm is the whole 'goal' of your sexual activity. You may feel that you are a failure or inadequate in some way and you may also become extremely angry and frustrated with your partner, even feeling you have been 'let down'.

Orgasmic difficulties can be categorized as primary (never having experienced orgasm) and secondary (previously experienced orgasm, but subsequent failure) which may only occur under some situations (situational). Primary orgasmic failure is relatively common and is more often seen in younger women, but that is not to say that *only* younger women have primary orgasmic failure. Orgasmic capacity actually increases with age and the ability to become orgasmic once learned is rarely forgotten. Circumstances such as negative emotions and unresolved anger can interfere with the ability and ease with which a woman can experience orgasm. Just like arousal, orgasm (or

awareness of orgasm) can be experienced in the mind (cognitively) as well as the body.

Q *What might cause a woman to have orgasm difficulties?*

A Poor sexual communication, sexual ignorance and fear, inadequate or unsuitable sexual stimulation, relationship difficulties, previous traumatic sexual experiences, mood disorders such as depression or other mental illness and a general decline in physical health can all contribute to orgasm difficulties.

Certain medical conditions that interfere with the blood or nerve supply to the clitoris may be implicated in loss of orgasm. There is some medical research currently underway looking at these issues. Lack of ability to 'let go' and to allow herself to experience orgasm may also contribute. The reasons for this may include her social environment which prevents her biological expression of orgasm (e.g. poor housing/overcrowding living with parents/ relatives).

Whatever the reason for the woman's sexual difficulty, whether it be physical, psychological, social or environmental, the effects can be distressing for the woman, and her partner. It may have profound effects on her ability to function in other areas of her life and may contribute to the breakdown in relationships and family life. Sexual difficulties are real, not imaginary problems and they call for real solutions to be found.

Don't suffer in silence, seek help now.

If you have a sexual difficulty that is causing you or your partner distress, don't suffer in silence, there are professionals who are trained to help you and your partner overcome these difficulties and to help you discover or regain your true sexual potential. A full list of contact details can be found on the back of this booklet.