



“Psychology Works” Fact Sheet: Female Sexual Dysfunction

Most women have questions or experience some concerns about their sexuality at some point in their lives. When these concerns start to interfere with sexual activity, pleasure and satisfaction, a psychologist can be an excellent resource for women.

What causes sexual dysfunction?

Female sexual dysfunction can have one or many causes. These may include physical conditions such as illness, hormonal imbalances, or reactions to medication. Psychological factors that may be involved in the development of sexual difficulties include a history of abuse, a woman’s beliefs about sexuality, the way in which she communicates about sexuality, the way she feels about how she looks, and her mood. A woman’s sexuality may also be affected by her life situation, stress, tiredness, a new baby and/or small children to care for. Difficulties within her relationship with her partner can affect the couple’s sexual relationship. Culture and religion also influence women’s attitudes towards their sexuality.

How common is sexual dysfunction?

Recent studies in the U.S. and Europe estimate that up to 1 out of 3 women live with sexual difficulties. Researchers have reported that up to 30% of women experience pain during sexual activity at some point in their life. Also, lack of sexual interest and arousal can be expected at different life stages (e.g., following the birth of a baby). In short, sexual difficulties are common. However, psychologists can help when sexual problems cause significant personal or relational distress. Psychologists can also help when the sexual difficulties are sexual dysfunction.

When is a sexual problem a female sexual dysfunction?

Sexual dysfunctions interfere significantly – often completely - with a woman’s sexual response. Sexual dysfunction is *only* diagnosed if it causes significant personal distress to the woman. Sexual dysfunction can be *generalized* (present during all sexual experiences) or *situational* (e.g., limited to certain types of situations); and can be *lifelong* (present since first sexually active) or *acquired* (began after period of problem-free sexuality). Formal diagnoses for female sexual dysfunction are the following (as listed in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders):

Female Orgasmic Disorder

Characterised by difficulties experiencing orgasm and/or a reduced intensity of orgasmic sensations.

Most women experience orgasm with clitoral stimulation; hence, not experiencing orgasm with intercourse alone is *not* considered a sexual dysfunction.



Female Sexual Interest/Arousal Disorder

Characterised by significantly reduced sexual interest/arousal that results in few or no attempts at sexual activity and absent or reduced sexual sensations. Women may also have no erotic thoughts or fantasies, reduced or absent response to internal or external sexual and erotic cues and are typically unreceptive to a partner's attempts to initiate.

Not every woman in a long-term relationship will experience spontaneous desire and drive towards sexual activity with her partner. Most women will experience states of relative neutrality with regard to sex but when initiating or responding to a partner's advances, allowing for the experience to happen, many women experience responsive desire and with further activity will experience a physically and emotionally satisfying sexual activity. A psychologist can help women (and their partners) to gain an accurate perspective of sexual interest and arousal in relationships and a recognition that variations in sexual interest and arousal are normal in long-term relationships.

Genito-Pelvic Pain/Penetration Disorder

Characterised by persistent or recurrent difficulties with vaginal penetration and/or pain and/or anxiety with intercourse. Oftentimes, women will also report tight or tensing pelvic floor muscles with intercourse or attempts at intercourse. Psychologists can recommend pelvic floor physical therapists to address pelvic floor health.

Some women may have *never* been able to experience intercourse (nor use tampons/have gynecological examinations) and feel substantive fear, even panic when thinking of attempting intercourse. These women meet criteria for the diagnosis of Genito-Pelvic Pain/Penetration Disorder but the specific problem is usually referred to as *vaginismus*.

How can psychologists help?

Psychological treatment of sexual dysfunction usually starts with a careful assessment of the history of the sexual problem. The psychologist may also ask questions about the woman's sexual and relationship history, and her overall physical and emotional health. Treatment for sexual dysfunction can involve other health care providers such as gynecologists or pelvic floor physical therapists. Specific psychological treatments vary somewhat depending on the sexual problem and the treatment orientation of the psychologist. In general, psychologists who treat sexual dysfunctions provide a supportive, non-judgmental atmosphere and accurate information about sexuality. They tailor treatments to the particular life circumstances, needs, and overall personal values of the woman. Cognitive-behavioural therapy (CBT) is the most frequently used and best established short-term psychological treatment for sexual dysfunction. In CBT, clients work with the therapist to identify and change problematic feelings, thoughts, and behaviours that interfere with healthy, pleasurable sexual expression. This is done during weekly or bi-weekly sessions with the psychologist, and through the use of at-home exercises. Mindfulness-based interventions for the treatment of female sexual dysfunction have also received support from research. Attending fully to one's bodily sensations without judgment, expectation, and pressures to please, has been shown to strikingly improve sexual function, pleasure, and satisfaction.



How do I obtain help from a psychologist for a sexual concern?

Talking about private, sexual feelings is not easy at all – but it is the essential first step! Many women suffer in silence with their problems for a long time. As a result, problems can worsen, and the woman feels more and more isolated and upset. She may question her love for her partner, and her ability to sustain the relationship. If she is single, she may question her ability to start a new relationship. The experience of sexual dysfunction can have a big impact on a person’s quality of life. It is important to take the time to attend to one’s sexual health and seek advice, the earlier the better.

Not all psychologists are trained to offer psychological treatment of sexual dysfunctions. Lesbian, bisexual and transgendered women experience sexual difficulties and may wish to speak with a psychologist who is competent working with LGBT persons. Hence, when contacting a psychologist for a first appointment, it is important to ask about her or his professional expertise and experience. Psychologists will welcome this question and it will be your first step in talking about the sexual problem.

Where do I go for more information?

Here are some examples of websites and books that provide more information about sexuality and female sexual dysfunctions:

- <http://www.sieccan.org>
SIECCAN is the Sex Information and Education Council of Canada, a national non-profit educational organization established in 1964 to foster public and professional education about human sexuality.
- <http://www.sexualityandu.ca/eng/>
This site provides sex education and information administered by The Society of Obstetrics & Gynaecologists of Canada.
- *The Guide to Getting It On* by Paul Joannides (Daerick Gross: Books)
This is a no-nonsense, complete (and entertaining) guide to all things sexual...no question will be left unanswered!
- *For yourself: Fulfillment of female sexuality* by Lonnie Barbach (Mass Market Paperback)
- *For each other: Sharing sexual intimacy* by Lonnie Barbach (Anchor Books)
Lonnie Barbach’s books are a little dated but still utterly relevant for women’s exploration of their sexual selves. A newer book by Barbach speaks to the topic of menopause:
The Pause by Lonnie Barbach (Barnes & Noble)
- *A Woman’s guide to overcoming sexual fear & pain* by Aurelie Goodwin Jones and Marc Agronin (New Harbinger Publications, Inc.)
- *Becoming orgasmic: A sexual and personal growth program for women* by Julia Heiman and Joseph LoPiccolo (Simon & Schuster)



- <https://www.youtube.com/user/carlincherrybomb>

A series of YouTube videos with sex educator Dr. Betty Dodson and her collaborator Carlin Ross answering sexuality-related question in an entertaining and very explicit manner (website: <http://www.dodsonandross.com/>).

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <http://www.cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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