

Porterbrook Clinic

Sheffield Care Trust

Sexual Growth **For Women**

Female Sexual Dysfunction – An Overview

Information for Users of our service

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You may have seen increasing references to Female Sexual Dysfunction (FSD) over the last years – but what does it mean? FSD is an umbrella term that refers to the range of sexual difficulties experienced by women, and is often classified under four broad headings:

1. Lack of sexual desire.
2. Difficulties in becoming aroused
3. Lack of ability to orgasm
4. Painful sex.

A brief overview of the first three categories is given below. If you are experiencing pain during sex, or if pain is preventing you from having sex, ask for the other leaflets in this series, “Overcoming Vaginismus” and “Vulval Problems and Painful Sex”.

Of course, it should be recognised that the four categories of female sexual dysfunction – desire, arousal, orgasmic or pain disorders – do not exist in isolation from one another. If sex is not enjoyable because it is painful, frustrating or boring, then any desire to repeat the experience will diminish. Fortunately, the opposite is also true: good sexual experiences often lead us to want more, which means that, with patience and effort, problematical patterns can be reversed.

Lack or loss of desire

Although women do not have less sexual desire than men do, it is relatively common for women in established relationships to find that they have difficulty feeling spontaneously sexy and therefore in “getting started”. Many such women are mostly able to respond if their partner initiates sex, and to enjoy it. Where this is the case, the apparent lack of desire is usually not a serious problem, although some partners do feel resentful if they are always the one who has to ‘make the first move’ and face possible rejection. In this instance, it is often possible through sex therapy for the affected woman to find ways of feeling more sexual, and for the couple to negotiate more equality in initiating sex.

There are women, however, whose desire levels are so low that they only have sex through gritted teeth in order to try to please their partners, or who avoid it altogether; this can cause much unhappiness and conflict in a relationship. There are many possible causes, including tiredness, anger, depression, excessive use of alcohol or cannabis, low testosterone levels and other medical problems; in addition, the desire to avoid sex may, of course, be a

symptom of other issues in the relationship. Where a woman has problems with arousal (see below), this is also likely to lead to a loss of desire. There are currently no licensed drug treatments for lack of sexual desire except where a hormone imbalance has been diagnosed. This is partly because there are so many different factors involved in female sexual desire, and one solution is unlikely to fit all. Nevertheless, sex therapy helps many couples to unravel what is causing the problem, and to find ways of putting things right.

Difficulties in becoming aroused

Some women want to engage in sexual activity but find that, when they do, they experience little or no sensation. The physical signs of sexual arousal in women are flushing of the skin; increased genital and breast sensitivity; hardening of the nipples; the clitoris swelling and becoming erect; wetness or lubrication (often hidden inside the vagina); a sense of swelling, warmth or tingling in the vulva and vagina; and an elongating of the vagina. Arousal also happens in the mind, as pleasure, feeling sexy and perhaps thinking sexual thoughts.

In some women, these changes are partial or absent; this is the equivalent of erectile dysfunction in men and may be due to an insufficient blood flow or nerve supply to the genital area. Physical causes can include certain medications, pelvic surgery, spinal injury, diabetes mellitus, high blood pressure, heart disease and multiple sclerosis. If the problem is more specifically insufficient lubrication, this is often due to low oestrogen and may be linked to contraception or the menopause.

Psychological issues (such as depression, stress, fear or guilt around sex and poor body image) can also prevent sexual arousal from taking place. Problems in the relationship, lack of sexual attraction or a lack of sexual technique are likely causes if a woman can become aroused during self-pleasuring but not with her partner.

For some women, physical arousal occurs but is not experienced subjectively. The woman does not recognise what is happening to her body, perhaps because of anxiety or negative associations with sex or with her partner.

Treatment for arousal problems may include the following:

- Treating any underlying medical problems
- Psychosexual therapy, including coaching on stimulation techniques
- A sexual growth programme, which can help a woman feel better about her body and learn about what is pleasurable to her (see the leaflet 'Personal Sexual Growth')
- Use of lubricants, vibrators, clitoral stimulators and other products to increase arousal (see the leaflet 'Sexual Resources' for more information)
- Learning pelvic floor exercises to increase blood flow and muscle tone in the area (Ask your therapist for a copy of the leaflet 'Pelvic floor exercises for women' produced by the NHS in Sheffield)

You might be surprised to learn that being overweight can also effect a woman's arousal and desire levels, not only from a psychological angle (if you don't feel good about yourself), but also physically. This is for two reasons:

1. Fatty deposits in the blood vessels leading to the vaginal and clitoral area can impair blood flow, making

the area far less responsive (and poor arousal, as we've seen, is very likely to lead to a lack of desire for sex);

2. The more body fat you have, the higher your levels of a natural protein known called sex hormone binding globulin (SHBG). This proein binds to the sex hormone testosterone. The reason that this is significant is that, the more your testosterone is bound to SHBG, the less there is available to stimulate desire.

The really good news is that research suggests that a healthier, low fat diet, with plenty of fresh fruit and vegetables, can provide a real boost to your sex drive. The effect is especially marked if you manage to lose 10 pounds or more, but there will probably be an effect even if you don't lose weight. What's more, any exercise that increases blood flow to the pelvic area and buttocks (such as yoga, brisk walking or cycling) is also likely to produce better arousal and lubrication, leading to a heightening of sexual desire.

Difficulties in attaining orgasm

Some women worry if they do not always reach orgasm during intercourse, but approximately three quarters of women do not achieve orgasm through thrusting of the penis alone. The majority of women need steady clitoral stimulation for orgasm to occur, and many sexual positions do not provide this sufficiently on their own.

There are, however, approximately ten percent of women who are unable to reach orgasm despite being sufficiently aroused to have sex; this is called anorgasmia. Some women enjoy sexual activity without reaching orgasm; anorgasmia is only a problem if the inability to orgasm results in dissatisfaction or unhappiness for the woman or her partner.

Causes of anorgasmia can be the same as difficulties in arousal, as described above. Other factors can include sexual inexperience; difficulty losing control and 'letting go'; performance anxiety; and taking anti-depressant or anti-anxiety drugs that belong to the SSRI group. Treatment is similar to that for arousal difficulties.

Another Perspective

In 2000, concerned that women's sexuality was becoming over-medicalised, a group of social scientists and clinicians got together to form a working group to produce what they believe is a more woman-centred definition of sexual problems. This gives priority to individual distress, but within a broader framework of cultural and relational factors.

Their view is that "all women are not the same, and their sexual needs, satisfactions, and problems do not fit neatly into categories of desire, arousal, orgasm, or pain". Here, then, is how they classify female sexual problems, which they define as "discontent or dissatisfaction with any emotional, physical, or relational aspect of sexual experience".

I. Sexual Problems Due to Socio-Cultural, Political, or Economic Factors

- A. Ignorance and anxiety due to inadequate sex education, lack of access to health services, or other social constraints:
 1. Lack of vocabulary to describe subjective or physical experience.

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2. Lack of information about human sexual biology and life-stage changes.
 3. Lack of information about how gender roles influence men's and women's sexual expectations, beliefs, and behaviors.
 4. Inadequate access to information and services for contraception and abortion, STD prevention and treatment, sexual trauma, and domestic violence.
- B. Sexual avoidance or distress due to perceived inability to meet cultural norms regarding correct or ideal sexuality, including:
1. Anxiety or shame about one's body, sexual attractiveness, or sexual responses.
 2. Confusion or shame about one's sexual orientation or identity, or about sexual fantasies and desires.
- C. Inhibitions due to conflict between the sexual norms of one's subculture or culture of origin and those of the dominant culture.

- D. Lack of interest, fatigue, or lack of time due to family and work obligations.

II. Sexual Problems Relating to Partner and Relationship

- A. Inhibition, avoidance, or distress arising from betrayal, dislike, or fear of partner, partner's abuse or couple's unequal power, or arising from partner's negative patterns of communication.
- B. Discrepancies in desire for sexual activity or in preferences for various sexual activities.
- C. Ignorance or inhibition about communicating preferences or initiating, pacing, or shaping sexual activities.
- D. Loss of sexual interest and reciprocity as a result of conflicts over commonplace issues such as money, schedules, or relatives, or resulting from traumatic experiences, e.g., infertility or the death of a child.
- E. Inhibitions in arousal or spontaneity due to partner's health status or sexual problems.

III. Sexual Problems Due To

Psychological Factors

- A. Sexual aversion, mistrust, or inhibition of sexual pleasure due to:
1. Past experiences of physical, sexual, or emotional abuse.
 2. General personality problems with attachment, rejection, co-operation, or entitlement.
 3. Depression or anxiety.
- B. Sexual inhibition due to fear of sexual acts or of their possible consequences, e.g., pain during intercourse, pregnancy, sexually transmitted disease, loss of partner, loss of reputation.

IV. Sexual Problems Due to Medical Factors

Pain or lack of physical response during sexual activity despite a supportive and safe interpersonal situation, adequate sexual knowledge, and positive sexual attitudes. Such problems can arise from:

- A. Numerous local or systemic medical conditions affecting neurological, neurovascular, circulatory, endocrine or other systems of the body.

- B. Pregnancy, sexually transmitted diseases, or other sex-related conditions.
- C. Side effects of many drugs, medications, or medical treatments.
- D. Iatrogenic conditions.

Some women and their partners might find this offers a more insightful way of thinking about women's sexual issues.

Helpful reading:

If you would like to learn more about Female Sexual Dysfunction, you may like to read:

Women Without Sex: The Truth about Female Sexual Problems by Catherine Kalamis (Self-Help Direct Publishing, 2003)

If you would like to follow a self-help programme for orgasmic difficulties, we recommend the following:

Becoming Orgasmic: A Sexual and Personal Growth Programme for Women by Julia R Heiman and Jo LoPiccolo (Piatkus Books, 1988).

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