Female Sexual Function/Dysfunction

There are several stages that outline the body's response to sexual stimulation. These stages are fluid, and very individual. It is now known that women do not necessarily progress through sexual functioning in a linear sense, but experience overlapping phases of sexual response that blends the responses of both the mind and the body.

Female Sexual Function

Stage One – Motivation, Excitement

- A woman has reasons to instigate or agree to sex, which includes a desire to receive and share physical pleasure, to feel emotionally close to her partner, to express love, to increase her own well being and to please her partner. She may or may not desire to have sex.
- As motivation remains, a woman will find and consciously focus on sexual stimuli, which are processed in the mind and influenced by psychological and biological factors.
- The women will then experience a sense of subjective sexual arousal.
- Blood begins to build up (vasocongestion) in the blood vessels of the genital region.
- A slippery fluid seeps through the lining of the vagina, functioning as a lubricant.
- The clitoris begins to swell somewhat and may elongate slightly.
- The nipples become harder and erect and there is a darkening of the skin through the neck, breasts and upper abdomen during sexual excitement; this is termed the "sex flush."
- General muscular tension builds in the body as heart rate and blood pressure increase.

Stage Two – Plateau

- A woman continues to focus on sexual stimuli.
- Continued stimulation allows sexual excitement and pleasure to become more intense, triggering desire for sex itself.
- The outer third of the vaginal wall becomes swollen with blood, narrowing the space within the vagina slightly.
- The swelling seems to create the tension that is an important precursor to orgasm, and is termed the "orgasmic platform." The clitoris retracts under its foreskin so that it no longer receives any direct stimulation.
- The breasts have usually expanded by this time and nipple erection may be maintained. Muscular tension continues to increase, along with the heart rate, blood pressure and respiration rate. The heart rate usually increases to between 110-175 beats per minute.
- Mental, emotional and cognitive conditions that allowed for initial excitement remain satisfying and pleasurable for the female, allowing her to enjoy the experience of sexual sensation, and move into the next phase of sexual response.

Stage Three – Orgasm

- The pleasurable release of sexual tension occurs during the sexual climax or orgasm. It is preceded by a sensation of "suspension," at which time the pulse rate reaches its peak.
- There is a feeling of increased sexual awareness in the area of the clitoris, which spreads upward, and a "suffusion" of warmth, which spreads from the pelvis throughout the body.
- Many women also experience a sensation of throbbing in the lower pelvic area.
- There are muscular contractions in the outer-third of the vagina and in the anal area. Following the initial contraction, which may last two to four seconds, there are three or four rhythmic contractions at intervals of about 0.08 seconds. There may be up to 15 such contractions, the interval between them gradually lengthening and their intensity gradually decreasing. Two to four seconds after orgasm begins, the uterus has some mild wavelike contractions that move from its top to the cervix.
- Muscles throughout the body may contract involuntarily, causing pelvic thrusting and spastic movements of the neck, hands, arm, feet and legs. The heart and respiratory rates and blood pressure have all reached their peaks. The pulse rate may be twice as high as normal.
- Sexual satisfaction, with or without orgasm, results when the stimulation continues sufficiently long and the woman can stay focused, enjoys the sensation of sexual arousal and is free from any negative outcomes such as pain.
- The only difference between a "clitoral" and "vaginal" orgasm is the place the stimulation was directed allowing the woman to reach climax. Most women require consistent, direct stimulation of the clitoris in order to achieve orgasm, which does not occur during penetrative intercourse alone.

State Four – Resolution

- The body gradually returns to its unexcited state.
- As blood leaves the pelvic region, the vagina returns to its usual size and color, and the labia return to their pre-aroused state.
- The breasts decrease in size and the nipples lose their erection.
- The sex flush leaves the body and respiration, pulse and blood pressure soon return to their normal levels.
- Many women do not enjoy further physical stimulation after orgasm has occurred.

Dysfunction

Sexual dysfunction refers to some problem a person may be experiencing in their sexual lives or relationship. Sexual dysfunction may have physiological or psychological causes or a combination of both the physiological and psychological. For women, factors such as their emotional relationship with their partner and their overall mental well-being affect sexual satisfaction or distress. For example, depression is highly associated with sexual dysfunction. Sometimes treating the underlying emotional concerns can increase sexual satisfaction.

Primary Sexual Dysfunction:	Never having been able to achieve a particular function.
Secondary Sexual Dysfunction:	Having been able to achieve a particular function previously, but cannot now. Between 25-63% of women at some point in their lives may experience a problem with sexual functioning. One study in the Journal of American Medical Association (1999) found sexual dysfunction common in 43% of women age 18 to 59.
Vaginismus:	The muscles around the outer third of the vagina have involuntary spasms when penetration attempts are made. As many as 20% or one in five women have or will experience vaginismus.
Anorgasmia:	Otherwise known as Orgasmic Dysfunction and is the inability to achieve orgasm. One in four women at some point in their lives may experience anorgasmia with 25-35% lifetime prevalence.
Dyspareunia:	Painful intercourse, which can occur at anytime during or after intercourse.
Hypoactive Sexual Desire:	Lost of interest and pleasure in what were formerly arousing sexual stimuli. Roughly 22% of women at some point in their lives have low sexual desire; 14% of women report problems with arousal.
Sexual Aversion:	Avoidance of or exaggerated fears toward sexual expression.
Sexual Arousal Disorder:	Inability of a woman to complete sexual activity with adequate lubrication.

Sexual functions are treatable. The first step is to rule out any physical causes that may be affecting the problem. Education, information and counseling are often very effective in relieving sexual problems. If you have questions about any of these conditions, talk with your health care provider or schedule an appointment with a Sexual Health Educator at 333-2714.

Sources

Basson, R. (2005). “Women’s sexual dysfunction: revised and expanded definitions.” Vol. 172, 10.
JAMA Patient Page (1999). “Silence about sexual problems can hurt relationships.” Vol. 281, 6, 584.
Kelly, G.F. (1994). Sexuality Today. Guilford, CN: Dushkin Publishing Group.
Masters, W.H., Johnson, V.E., & Kolodny, R.C. (1997). Human Sexuality. New York: Addison-Wesley.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: **http://www.mckinley.uiuc.edu**

© The Board of Trustees of the University of Illinois, 2007.