Psychological Treatments for Sexual Dysfunction in Women and Gender-diverse Individuals

Key Information for Healthcare Providers

Sexual dysfunction, including desire, arousal, and orgasm disorders, profoundly impacts the emotional, mental, and relational well-being of women and gender-diverse individuals.[1]

Difficulties in sexual function may impact individuals motivation for sex (commonly also referred to as sexual desire, libido, interest), ability to become sexually aroused (sexual arousal, sexual excitement), as well as capacity for orgasm (i.e., muted, delayed, or absent orgasm).[1]

Given the prevalence of these concerns, healthcare providers will likely encounter patients with sexual health issues. It is crucial to validate and address these concerns in the clinical setting. Establishing a safe and supportive environment for discussing sexual function is key to improving patients' access to care.

Healthcare providers should thoroughly explore potential contributing factors and determine management approaches from a patient-centered, shared decision-making model.

Being aware of evidence-based treatment options, including psychoeducation, psychological interventions, and pharmacotherapy, enables clinicians to develop an individualized patient-centered approach to management.

This resource provides a review of the latest evidence from 2010 – 2024 for the major evidence-based psychological treatments for sexual dysfunction in women and gender-diverse individuals.

Healthcare providers may not always be trained in these approaches, but it is important for them to be aware of the variety of treatments available. They should also understand how these treatments might improve sexual health and know when to refer patients to specialists.

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Overview of Major Psychological Treatments

Psychoeducation

Psychoeducation involves sharing sexual health information and incorporating psychological therapy techniques such as validation, active listening, and challenging myths (such as the belief that sexual desire is always spontaneous).[1]

Patient educational materials addressing sexual dysfunction can be provided by different healthcare professionals, including physicians and nurse practitioners, midwives, physiotherapists, or by mental healthcare professionals, such as psychologists or counsellors.[1]

This type of education can be delivered cost-effectively and does not require specialized training in sex therapy.

Who is psychoeducation suitable for?

Clinicians should consider psychoeducation for patients with the following concerns or educational needs:

- Limited understanding or awareness of sexual health and functioning.
- Low desire or arousal disorders including pregnant and postpartum individuals as well as postmenopausal people who require education.
- Patients with limited access to specialized sexual health resources or therapy, where brief educational sessions can serve as an interim support.

How can a practitioner use psychoeducation in their practice?

1. **Talk about possible causes:** briefly explain that issues like low desire can have many causes such as stress, medication side effects, or hormonal changes and that understanding these can be a step towards improvement.
   Example: *"Sometimes, things like stress, hormonal changes, or medication side effects can affect sexual desire or arousal. Understanding these factors can be the first step towards feeling better."*

2. **Validate concerns:** normalize patients' experiences by reassuring them that changes in sexual function are common and acknowledging that these concerns are a significant part of overall health. Encourage open dialogue.
   Example: *"It's completely normal to have concerns about your sexual function. This is a common issue, and it's not just in your head. There are ways we can address it together."*

3. **Share helpful information:** recommend easy-to-read resources that patients can use to learn more about their concerns. These can include specific information on their concerns (e.g., managing low desire) or they can be general tips on sexual health like debunking myths or clarifying common misconceptions.
   Here's a place you can direct your patients for more information: **Sexual Health & Genito-pelvic Pain Knowledge Empowerment Hub**

Sensate focus

Sensate focus is a behavioral approach designed to reduce anxiety during sexual activity by helping couples, or individuals, shift attention away from performance and outcome, such as arousal or orgasm, and toward the experience itself.[1]

Sensate focus involves a series of structured touching exercises where partners take turns touching one another in a non-goal oriented way.[1]

For patients, sensate focus may be available through primary or specialized care in the national public health system when sexology or sexual medicine services are offered.

Who is Sensate Focus suitable for?

This intervention is suitable when the suspected cause of sexual difficulties is associated with anxiety or performance concerns.[1]

Clinicians should consider sensate focus for patients where the following problems are involved:

- lack of body awareness or high anxiety levels
- cognitive distraction during sexual activity related to performance demands
- avoidance of sexual activity
- a rigid repertoire of sexual behaviours
- patients who avoid sexual communication
- individuals who are focused on the "end goal" of orgasm

How can a practitioner use sensate focus in their practice?

To introduce sensate focus to a patient you might say:

"There's an approach called sensate focus that's designed to take the pressure off performance and focus more on the experience of touch. It involves taking turns with your partner to explore touch without aiming for any particular outcome."

Here is a resource that can help guide your patients through sensate focus: **Sensate Focus**

There are typically 2-3 stages of sensate focus:

- **Stage 1:** partners take turns touching the other person, excluding chest and genital touch. The receiver focuses on the sensations in the present moment, tries to relax, and may provide some non-verbal feedback to the toucher. The goal is not to obtain pleasure but rather to experience all the sensations as they are.
- **Stage 2:** is identical to stage 1 but now chest and genital touch is included. The goals in stage 2 are identical to stage 1.
- **Stage 3:** rather than partners taking turns in the touching, there is mutual touching, and gradual building to genital insertion. The goals of non-goal oriented present-moment awareness are the same as in earlier stages.

Mindfulness

Mindfulness-based therapy helps people adopt a nonjudgmental and compassionate awareness of their body. These approaches encourage the individual to cultivate the skill of observing present-moment thoughts, emotions, and bodily sensations, often focusing on the breath, body sensations, sounds, and with practice, thoughts themselves.[1]

It also encourages gentle redirection of attention when the mind wanders and cultivates an ability to bring the same awareness to all sensations – positive, negative, and neutral.[1]

Distraction, inattention, and self-judgment all play roles in sexual desire and arousal challenges, which sets up a strong rationale for the use of mindfulness-based approaches to improving desire and arousal difficulties in women.[1] While current research has primarily focused on women, the implications of these findings may also be relevant for gender-diverse individuals, and further studies are needed to examine these experiences.

Who is mindfulness suitable for?

Clinicians should consider mindfulness for patients experiencing any of the following challenges[1]:

- Desire and arousal difficulties
- Sexual pain conditions (e.g., vulvodynia, dyspareunia)
- History of trauma or sexual abuse (that has been largely worked through prior to sex therapy)
- Anxiety or depressive symptoms affecting sexual function
- Cognitive distractions or negative thoughts during sexual activity
- Postmenopausal changes leading to decreased desire and arousal
- Preference for non-medical, holistic approaches to managing sexual dysfunction

How can a practitioner use mindfulness in their practice?

Recommend practicing mindfulness during intimacy: Advise patients to practice mindfulness for a few minutes daily to help reduce anxiety and improve focus during sexual activity.

You might say to a patient:

"Mindfulness can help you become more aware of your body and emotions without judging them. It's about being present and noticing sensations without trying to change them."

"During intimate moments, if you notice your mind wandering or feeling stressed, try to bring your focus back to the sensations you're experiencing—like the feeling of your partner's touch or your own breath."

Introduce breathing exercises: Spend a few minutes teaching a simple breathing technique to help patients focus on the present moment during intimacy.

You might say to a patient:

"Let's try a quick exercise. Close your eyes if you're comfortable and take a deep breath in through your nose for four seconds... hold for four... and slowly breathe out through your mouth for four. As you breathe, try to focus on the sensation of the air entering and leaving your body."

Refer to a specialist: If more in-depth therapy is needed.

Share helpful information: for patients interested in learning mindfulness. Below are some of the resources you can consider sharing with the patient:

- **Breathing exercises**
  - **Breathing Relaxation**
  - **Advanced Breathing**
- **Apps**
  - **Ferly**
  - **Headspace**
- **Books**
  - **Better Sex Through Mindfulness: How Women Can Cultivate Desire**

Cognitive-behavioural therapy

Cognitive-behavioural therapy (CBT) is an evidence- based psychological treatment that addresses the relationship between thoughts (e.g., attention; expectations), emotions (e.g., anxiety), and behaviours (e.g., avoidance) to treat a wide range of sexual dysfunctions.[1]

CBT arises from the theory that problematic thoughts, an activated stress response, hypervigilance to dysfunction, and avoidance contribute to the onset and perpetuation of sexual problems.[1]

Who is CBT suitable for?

CBT can be a first-line treatment for many, if not all, individuals experiencing the following conditions:

- **Orgasm difficulties:** even though cross-sectional research has supported the association of individual and interpersonal factors to an individual's experience of orgasm, a review of treatments indicates a limited number of randomized trials of CBT for orgasm problems. However, the findings are positive and show that CBT had a positive effect on individuals' orgasms.[1]
- **Low sexual desire:** in the last decade, there has been considerable research evaluating CBT for low desire in women and finding it to be effective with large effect sizes.[1]

How can a practitioner use CBT in their practice?

- **Brief thought-tracking exercise:** Tracking problematic, irrational, or false thoughts and replacing them with factual thoughts. This is often accomplished with a "thought record".

  You might say to a patient:
  "Negative thoughts about sexual experiences can sometimes create barriers. For instance, thinking 'I'll never enjoy sex again' can make it difficult to relax. Let's try identifying one of those thoughts, writing it down, and then reframing it with a more balanced perspective. For example, if you find yourself thinking, "I'm not good at this," you might replace it with, "It's okay to take time to feel comfortable, and my worth isn't defined by this."

- **Share stress-reduction tips:** Teach quick stress-reducing techniques like deep breathing or progressive muscle relaxation, which can be done before or during intimacy.

  You might say to a patient:
  "If you feel anxious during intimacy, a simple technique is to focus on deep breathing or progressive muscle relaxation—like tensing and then slowly relaxing your hands or feet."

- **Encourage the patient to practice:** These exercises might seem small, but practicing them regularly can make a big difference. Even a few minutes a day can help shift one's mindset over time.
- **Share helpful information:** for patients interested in CBT. Here is a resource that you can share with your patient on CBT: **CBT Restructuring - An Overview**
- **Refer to a specialist:** If more in-depth therapy is needed, provide referrals to therapists trained in CBT for sexual health concerns.

Other Treatment Approaches for Women's and Gender-diverse People's Sexual Dysfunction

Emotion Focused Therapy (EFT) and Integrative Behavioral Couple Therapy (IBCT)

Emotion Focused Therapy (EFT) and Integrative Behavioral Couple Therapy (IBCT) are couples therapy approaches used clinically to treat sexual dysfunction.[2,3]

These approaches encourage couples to reconceptualize problematic patterns of interaction as understandable attempts by each partner to manage emotional distress and/or meet relational needs.[4]

Both approaches also help partners engage in new methods of communication that include more disclosure of vulnerable emotions and accepting and/or empathic responses.

Typically, a referral to a qualified couples therapist is required.

Effectiveness

To date, no studies have evaluated EFT or IBCT in the treatment of women and gender-diverse individuals' sexual dysfunction.

However, a small number of studies with samples of distressed couples (with or without sexual concerns) suggest that these approaches lead to improvements in sexual satisfaction.[5,6,7]

More recently, experts in these therapies have produced guidelines for using these approaches to address sexual concerns.[8,9]

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4 Christensen, A., Atkins, D. C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, L. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of consulting and clinical psychology*, 72(2), 176–191. **https://doi.org/10.1037/0022-006X.72.2.176**

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9 Rosenthal, M. N., & Dehle, C. (2022). Coming Together: Synthesizing Sex Therapy with Integrative Behavioral Couple Therapy. *Journal of Sex & Marital Therapy*, 49(6), 700–713. **https://doi.org/10.1080/0092623X.2022.2148592**