



Understanding and Treating Women's Sexual Dysfunction: Where Are We Now?

A Review of
[Sexual Dysfunction in Women](#)
by [Marta Meana](#)

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Marta Meana's book *Sexual Dysfunction in Women* provides an overview of the field that is ideal for a layperson, therapist, or general medical practitioner. She unfolds many of the highlights of today's understanding of

the subject in a manner that is easy to understand in the context of proposing the best way to use this information for multidisciplinary diagnosis and treatment, and she offers a direction for future research.

The book could potentially benefit a larger audience, including specialty medical providers, if it incorporated more epidemiologic and biologic research, and addressed equally the need for future research in medical treatments. Because this is a condensed volume, readers might consider *Sexual Medicine: Sexual Dysfunctions in Men and Women* (Montorsi et al., 2010) for a more thorough discussion of topics that are only briefly discussed in *Sexual Dysfunction in Women*.

Meana approaches the topic by dividing the book into the chapters "Description," "Theories and Models of Sexual Dysfunction," "Diagnosis and Treatment Indications," and "Treatment." She makes clear the criteria for diagnosing the various sexual disorders and how these may change in the future, as well as how many women may meet these criteria. She also addresses older and newer psychological models of sexual dysfunction.

In addition, Meana explains many potential contributors to sexual dysfunction, including psychological, environmental and sociocultural, and biomedical conditions. Many psychotherapeutic approaches to treatment are described, as well as some treatments that use physical therapy and medications. Meana aptly focuses on the limiting factor of the lack of sound research regarding treatment of sexual dysfunction in women.

In the “Theories and Models of Sexual Dysfunction” chapter, Meana articulates many proposed models of sexual function, highlighting the progression of these ideas from linear models to constructs that are multifactorial and change over time and describing important historical and newer models. This discussion could have been bolstered by presenting what models most accurately describe a woman’s experience, as Michael Sand and William Fisher (2007) have done in “Women’s Endorsement of Models of Female Sexual Response: The Nurses’ Sexuality Study.”

In their study of the three models proposed by Masters and Johnson, Kaplan, and Basson, Sand and Fisher found that approximately equal numbers of women endorsed each model of sexual response as most accurately representing their sexual experience, suggesting heterogeneity among women. Their data also suggest that the Basson model may be more representative of sexual dysfunction (as assessed by the Female Sexual Function Index) than of normal sexual function.

Meana categorizes potential biological contributors in the “Diagnosis and Treatment Indications” chapter, though these factors could also have been included in the chapter on theories and models. This latter chapter could have been expanded by addressing models of sexual functioning that are based more on biologic research, such as James Pfaus’s (2009) research on animal models of sexual pathophysiology and translation of animal data into human sexuality by Giuliano, Pfaus, and other sexual medicine experts (Giuliano et al., 2010). Such a discussion could highlight observation of animal sexual activity, correlated with human sexual incentives and rewards, and lead to an understanding of the pathophysiology of women’s arousal responses and orgasm. Incorporating this perspective would also address the neuroendocrine system, as well as sexual activation and response at the cellular level.

It is also important that Meana addresses the prevalence of sexual dysfunction in women. She points to the prevalence of sexual difficulties, regardless of associated distress; however, she does not discuss that prevalence is lower when one is considering whether women think of their sexual functioning as a problem. This would be consistent with research by Jan Shifren and colleagues (Shifren, Monz, Russo, Segreti, & Johannes, 2008) showing that a relatively small percentage of women are personally distressed by their sexual problems. For example, whereas 43.1 percent of U.S. women experience some sort of sexual problem, only 22.2 percent report distress about a sexual problem (data adjusted for age to simulate U.S. population), which translates to a prevalence of sexual dysfunction/disorder in 12.6 percent of women. These numbers would inform diagnostic considerations and treatment options.

The primary treatment focus in Meana’s book is psychotherapy. Although this makes sense given that the book is part of the *Advances in Psychotherapy* series, this may potentially exclude some medical providers who do not have background training in psychotherapy. Therapy may show clinical promise, but there are few studies

reporting randomized controlled trials of cognitive behavior therapy or mindfulness based therapy for treatment of sexual dysfunction or specific sexual disorders. Meana does address this concern in the beginning of the “Treatment” chapter so that readers are aware that, although she describes many types of therapeutic approaches, few if any have been evaluated through rigorous, controlled studies.

Medical treatments are also addressed to a somewhat lesser extent as part of a multidisciplinary approach including physical therapy, insertion devices, and topical medications. Meana highlights physical therapy as an important treatment that has been shown through research to be of benefit. Available medications are not discussed as much, which is likely because of the minimal research to date regarding the use of medications to treat women experiencing sexual dysfunction.

This research deficit is related to the perceived potential adverse safety profile of a systemic medication compared with the perceived benefit. Medical interventions could potentially enhance quality of life, but sexual dysfunctions are not lifethreatening conditions. Therefore, one roadblock to research is overcoming the perception of the balance of risk to benefit. Another is reluctance to discuss this sensitive topic. Perhaps future studies could be conducted regarding what levels of risk and intrusiveness women would be willing to tolerate in a treatment for sexual dysfunction to potentially improve their quality of life.

An important direction in the future treatment of sexual dysfunction will be to build a database of research regarding treatment in randomized controlled trials for both psychotherapy and medications. Meana does an excellent job highlighting the need for future research regarding psychological treatments; the author could have improved this point by also giving direct attention to the need for further research in medical treatments and in the combination of psychotherapy and medical interventions. Then this work would have a truly multidisciplinary appeal.

References

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Footnotes

Disclosure Notice: Anita Clayton has worked with several pharmaceutical companies developing medications for female sexual dysfunction. She has received grants and consultant fees, served on advisory boards, and owns restricted stock; she has also published a book on the topic for the general public.