Table 4.4. Revised DSM-IV definitions of women's sexual dysfunction

Diagnosis	Definition	Comments
Sexual desire/interest disorder	Absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies, *and* a lack of responsive desire. Motivations (here defined as reasons/incentives) for attempting to become sexually aroused are scarce or absent. The lack of interest is beyond a normative lessening with life cycle and relationship duration.	Minimal spontaneous sexual thinking or desiring of sex ahead of sexual experiences does not necessarily constitute disorder. Additional lack of responsive desire is integral to the diagnosis.
Sexual arousal disorders (combined and subjective)	Absent or markedly reduced feelings of sexual arousal (sexual excitement and sexual pleasure) from any type of stimulation and variable awareness of vulval swelling and lubrication.	There is minimal sexual excitement (subjective arousal) from any type of stimulation – erotic material, stimulating the partner, genital and nongenital stimulation. Awareness of the reflexive genital vasocongestion is variable.
Genital arousal disorder	Absent or impaired genital sexual arousal – minimal vulval swelling or vaginal lubrication from any type of sexual stimulation and reduced sexual sensations from caressing genitalia. *Subjective sexual excitement still occurs from non-genital sexual stimuli.*	Subjective arousal (sexual excitement) from non-genital stimuli (erotica, stimulating the partner, receiving breast stimulation, kissing) is key to this diagnosis. Early studies indicate reduced vasocongestion in some but not all cases. Loss of sexual sensitivity of physiologically congested tissues accounts for others.
Orgasmic disorder	Despite the self-report of high sexual arousal/excitement, there is either lack of orgasm, markedly diminished intensity of orgasmic sensations or marked delay of orgasm from any kind of stimulation.	Women with arousal disorders frequently do not experience orgasm. Their correct diagnosis is one of an arousal disorder.
Vaginismus	Persistent or recurrent difficulties in allowing vaginal entry of a penis, finger, or any object despite the woman's expressed wish to do so. There is often (phobic) avoidance and anticipation/fear/experience of pain, along with variable and involuntary pelvic muscle contraction. Structural or other physical abnormalities must be ruled out/addressed.	Confirmation of this diagnosis is not possible until there has been therapy sufficient to allow a careful introital and vaginal examination. It is a presumptive diagnosis initially.
Dyspareunia	Persistent or recurrent pain with attempted or complete vaginal entry and/or penile vaginal intercourse.	There are many causes, including vulvar vestibulitis and vulval atrophy from estrogen deficiency.

Table 4.1. (Part 1). Biopsychosocial Assessment of the Couple Together

Sexual problem in each partner's own words	Clarify further with direct questions. Offer potential explanations but do not ask leading questions.
Duration, consistency, priority	Ask how long problems have existed, whether problems are present in all situations and which problem is most severe.
Context of sexual problems	Explore various contexts of sexual problems, including emotional intimacy with partner, activity/behaviour just prior to sexual activity, privacy, safety, birth control, risk of sexually transmitted diseases (STDs), usefulness of sexual stimulation, sexual skills of partner, sexual communication, time of day.
Rest of each partner's sexual response	Ask about the following currently and prior to the onset of the sexual problems: sexual motivation, subjective arousal, enjoyment, orgasm, pain, erection, and ejaculation in male partner.
Reaction of each partner to sexual problems	Establish how each partner has reacted emotionally, sexually, and behaviourally.
Previous help	Ask about compliance with any prior recommendations and their effectiveness.
Reason for presenting now	Ask what precipitated this request for help.

Table 4.1. (Part 2). Assessment of Each Partner Alone

Partner's own assessment of the situation	Sometimes it is easier to acknowledge symptoms (e.g., total lack of desire) in the partner's absence.
Sex response with self-stimulation	Ask whether he or she has sexual thoughts and fantasies.
Past sexual experiences*	Ask about positive and negative aspects.
Developmental history*	Explore relationships to others in the home while growing up, losses, traumas, how they coped, to whom (if anyone) he or she was close, who showed him or her affection, whom did he or she felt loved and respected by. Clarify whether some of these themes are playing out now in the current sexual relationship.
Sexual, emotional and physical abuse*	Ask about potential abuse, and explain that abuse questions are routine and do not necessarily imply causation of the problems.

*These items may sometimes be omitted (e.g., for a recent problem after decades of healthy sexual function).