

Chapter 6

Mindfulness–based Therapy for management of Female Sexual Dysfunction and Psychological Well–being

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ABSTRACT

Female sexual dysfunction (FSD) is a common disease that affects many women, and there are few therapeutic options available. Female sexual dysfunction is a progressive and prevalent illness that affects more women as they get older. Reduced vaginal lubrication, soreness and discomfort during intercourse, a decreased sense of excitement, and difficulties achieving orgasm are all common signs of female sexual dysfunction. Only a small percentage of women seek medical help. In comparison to the vast amount of study and treatment for erectile dysfunction in men, female sexual dysfunction has received far less attention, with treatment mostly consisting of psychological therapy. The aim of the chapter is to provide the most current knowledge on female sexual dysfunction, advances in basic science addressing this dysfunction, and explore developing therapeutic options.

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INTRODUCTION

Sexuality is considered as an important aspect of Quality of Life thereby establishing efficient relationships. According to the WHO, Sexual dysfunction being considered as an essential component and aspect of Quality of Life, is defined as disturbance in sexual desire and psychophysiological changes that characterize the sexual response cycle thereby causing marked distress and interpersonal difficulty. The impairment of mental health is the most important risk factor for female sexual dysfunction. According to the DSM-5 Classification, Sexual Dysfunction in females is characterized by impairment in one or more areas of sexual function (sexual desire, arousal, orgasm, and sexual pain) resulting in significant levels of subjective distress. Female sexual dysfunction (FSD) is characterized by a persistent inability to initiate or continue sexual activity until it is completed. Vasocongestion in the pelvis, vaginal lubrication, and enlargement and swelling of the external genitals are all part of the arousal response. Orgasmic disorders are defined as a persistent or recurrent difficulty, delay, or absence of orgasm following sufficient sexual stimulation and arousal that causes personal suffering.

Dyspareunia, recurrent or persistent genital pain associated with sexual intercourse, vaginismus, recurrent or persistent involuntary spasm of the musculature of the vagina that interferes with vaginal penetration, and noncoital sexual pain disorder, recurrent or persistent genital pain induced by noncoital sexual stimulation are all examples of sexual pain disorders. Presently, this situation is becoming more distressing due to the hectic daily life routine, having a significant impact on the mental health and Quality of Life of females.

In order to, diagnose a female undergoing or suffering from Female sexual dysfunction, the symptoms need to have persisted for a minimum of 6 months, be experienced in all or almost all (75%–100%) sexual encounters or have been persistent/recurrent, and to have caused clinically significant distress. Approximately, half the women in recent epidemiological studies reported an impairment in sexual desire, arousal, orgasm experience significant distress and thus meet criteria for a sexual dysfunction according to DSM-5 criterion. A recent study of older women aged 50–99 years of age suggested that sexual health is linked more strongly to mental health than to physical function, stress or age itself (Wang et al., 2015).

BACKGROUND

According to the Masters and Johnson sexual theory, Human sexual response is depicted as a motivation-/incentive-based cycle of overlapping phases of variable order. A sense of desire may or may not be present initially: it can be triggered

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