

Phases of sexual arousal – based on Kaplan, 1974

- Desire (appetitive) phase
 - Some physiological changes, but primarily subjective interest in sex (e.g. plans, mental images)
- Excitement phase
 - Subjectively increased arousal accompanied by a number of physiological changes (e.g. erection, lubrication, increased blood flow)
- Orgasm phase
 - Subjectively peak pleasure accompanied by specific physiological features (e.g. muscle contractions, ejaculation)

Sexual dysfunctions

- Problems or dysfunction can occur in:
 - Desire
 - Arousal
 - Orgasm
 - Also pain disorder
- But difficulty with functioning is not necessarily a disorder – need to produce distress and/or life impairment

Desire disorders

- Range from low interest to aversion
- Interacts with comorbidity – can involve fear, disgust, or sadness
- Sometimes non-voluntary presentation, only seek help because of partner in relationship

Arousal disorders

- Existence of physiological features of arousal (e.g. erection, lubrication) sufficient for pleasurable intercourse
- Must occur on majority of occasions
- Personal distress
- Distinctions between primary and secondary (primary refers to people who have never been able to achieve it e.g. erection, secondary refers to people have had success but can't achieve it anymore)

Orgasm disorders

- Inadequate orgasm – either too soon or delayed/absent
- Majority of occasions
- Personal distress/interference
- Primary/secondary distinction

Pain disorders

- Ranges from any pain to involuntary muscle contraction preventing penetration (vaginismus)
- Less common than other disorders, can be secondary to arousal problem