Role of Sexologist & Counselling in women with Sexual Pain

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**Sexology is the interdisciplinary scientific study of human sexuality:**

- Human interest/behaviours & functions
- There are presently 3 fields in professional practice in Sexology:
  - Clinical Practice
  - Education
  - Research
- I work as a Clinical Sexologist & Counsellor, with an interest in Research
As a Clinical Sexologist:

One of my main objectives is to create a comfortable environment that allows individuals & couples to talk about their sexual wellbeing/concerns.

Create a therapeutic process for clients to look at new or different possibilities to enhance their sexuality, self-esteem, overall self-confidence & intimacy with self, relationship & others.
As A Counsellor

**Intimacy based counselling**

Intimacy: loving closeness... mutual **vulnerability**, openness, and sharing. Women with GPPPD have the Right to:

- Positive/Respectful approach to sexuality & sexual relationships
- To have pleasurable / safe sexual experiences
Disorder of Pain & of Sex

The Pain wreaks havoc on the Sex

Pain may require certain interventions

Sexual problems may require others

A pain disorder that interferes with sex rather than as a psychosexual disorder that resulted in pain.

Anxiety & Avoidance appeared to be more reliable factor to distinguish between dyspareunia & Vaginismus
The primary reason for her referral to me was because of her relationship concerns, specifically related to sexual intimacy. Mary revealed that she had been experiencing pain during penetrative sex. As a result, at the time I was meeting with her, she was unable to engage in any sexual intercourse. This, understandably, had been impacting on her as an individual, and her relationship: It was evident that her partner had problems understanding what was happening for her. According to Mary, her partner has a his own mental health issue and this is causing difficulty for him to comprehend her health issues.
The Cycle of Persistent Sexual Pain

- Negative sexual attitudes
- Avoidant and damaging behaviours
- Relationship discord
- Declines in self esteem & mood
- These in turn exacerbate the pain experience
Assessment & treatment Overview

- GPPPB is a female sexual problem – it is essentially a couple issue
- Partners can be encouraged to attend therapy
- Involving other relevant medical/health team is ideal treatment practice
- Not unusual for the primary presenting problem to end up being the secondary to more serious one/s
- Sexual functioning of both partners is assessed
- FOO– developmental/Sexual History

Helena Green
Clinical Sexologist / Counsellor
Assessment & Subsequent Sessions

Initial Session (Snap Shot)

development of a Therapeutic Alliance

A preliminary assessment

Normalise what is happening

- What the issue is/pain type- score out of 10
- Coping styles
- Has anything helped in the past
- Who have they seen about this issue/concern
- How have they managed till now
- Relationship distress

Questionnaire- FSFI

If appropriate take home strategies (agreed upon together)
Where is the pain?

- Pain at the vaginal opening as the penis enters the vagina?
- Burning pain during intercourse
- Pelvic Discomfort during and after
- Pain elsewhere

- Arousal
- Moisture
- Positions for intercourse
- Pelvic Floor Exercises / Dilators
Wanting >>> Willingness >>> Commitment >>> Doing

Neuro-Biology
- Chemistry behind
  - How sex works
- Physical pain

Psychology
- Psychosexual
  - Emotional/physical intimacy
- Cognitions:
  - anxiety/avoidance

Sociocultural
- Incorrect beliefs
- Values/beliefs

Interpersonal
- communication
- Single/relationship

SELF
- Efficacy/Esteem

Influencing factors!
- **Partners** experience a ‘ripple’ and this in turn, decreases their own libido
- Fear of rejection or of hurting their partner
- The complexity of regaining a sense of ‘normality’ within their sexual relationship
- Sense of being ‘unwanted’/ ‘undesirable’
No Blame…

Words & actions of love & appreciation

Create opportunities for intimacy: Take time out to be together as a couple

Explore new ways of being together and deepening level of intimacy

- Why Viagra doesn’t work in women!
- Male & Female Erogenous Zones
Enhancers to sexual confidence & Desire

✓ Use of lighting/candles/scents – setting the mood and feeling comfortable
✓ Self-nurturing/pleasuring & Timing of sexual intimacy
✓ Sexual/intimate foreplay – agree not to go onto intercourse even if all seems to be going well
✓ Remember the lube...!
✓ Pain management
Vaginal moisturisers / Lubricants

- Replens - 3 X week for 3 months
- Vaginal tissue regains moisture & elasticity
- Can use Replens before intercourse
- Multi-gyn vaginal moisturiser (as above)
- Vit E capsules (puncture capsule/use panty liners)
- Use of Vaginal Oestrogen (as appropriate)
- Personal lubes (sexual intimacy/activities)
  - Pjur (not Ky jelly)
  - Astroglyde
Treatment will include: Education goal setting, anxiety reducing strategies & interventions:

- No penetrative sex until Pelvic health assessment (Physio)
- Strategies to maintain connection/communication
- Or therapeutic interventions (individual/couple)
- Validating the experience of pain
- Demystifying the pain / Anxiety
- Refer to appropriate HCP if necessary
Sex at 82!!!

I just took a leaflet out of my mailbox, informing me that I can have sex at 82! I'm sooooo happy, because I live at 73 ... So it's not far to walk home afterwards!
Essential to know services to refer:

- Clinical Sexologist & Counsellor (me! 😊)
- Psychology Services / Social Worker
- Menopause & MSAC Clinic (KEMH)
- Women's Health Clinics
- Women's health Physiotherapy
- General Practitioner
- KEOH Institute (Private cost associated)
- Sex Therapy: SASWA
- SECCA: Sexuality & Disability Counselling
- Continence Specialist
- Men's sexual health at Hollywood Hospital