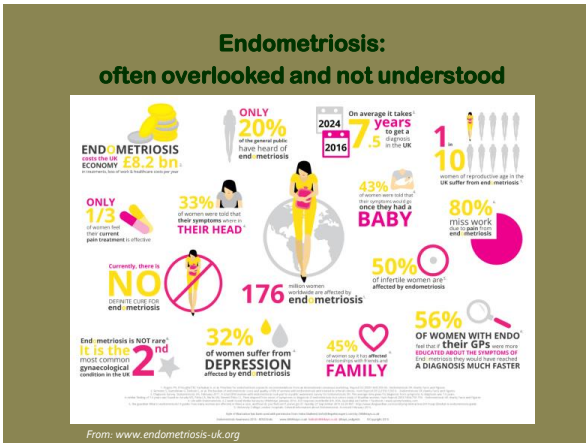

When Sex is Painful

Endometriosis and Painful Sex, and the Role of Sex Therapy

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Living with Endometriosis

Different for each woman, and may include:

- Dysmenorrhoea
- Pain at ovulation
- Painful sex - dyspareunia
- Infertility
- Fatigue
- Nausea, vomiting
- Diarrhoea, constipation

Living with Endometriosis

Effects on mood may include:

- Anxiety
- Depression
- Sadness and grief at loss of self
- Anger and resentment
- Negative view of sexual self
- Feelings of powerlessness, loss of control

Case Study

Endometriosis and sexual pain - Beatrice & Frank

- Beatrice, now 35yo
- Endometriosis diagnosis, fertility anxiety, continuation of painful intercourse
- History: GAD, painful/ pain free intercourse, dysmenorrhoea, anorgasmia, relationship tensions
- Child (3yrs). Desiring pregnancy
- Intercourse pressures - fertility

Beatrice - Endometriosis and sexual pain

Current symptoms:

- Lower back pain
- Irritable bowel behaviour
- Dysmenorrhoea continues
- Headaches at menstruation
- Relationship tensions – partner not understanding of extent of pain experience
- Reduced sexual, physical and emotional intimacy

Beatrice
-
Endometriosis
and
sexual pain

Seeking:

- Validation ...to be listened to
- Guidance & information
- Assistance with mood and anxiety
- Relationship improvement
- Increase in emotional and physical intimacy
- Pain free sex

Why psychosexual therapy?

- Management of depression and anxiety
- Dispelling sexual myths
- Self image issues – social, sexual, fertility impacts
- Help regain / maintain sexual touching and intimacy
- Assistance with relationship issues, tensions and couple distance

Assessment

Questions to Ask

- Client physical, sexual and MH/ psychological history
- Pain and discomfort
- Positive/ negative view of sex, and pelvic & genital areas
- Impacts on daily life & relationships
- Emotional / psychological effects

Questions to Ask

- Low mood / depression (own & partner's)
- Sexual anxiety (own & partner's)
- Current treatments for endo: hormonal, therapies, pain management
- Other medications
- Her/ their goals of therapy

Treatment

Thinking differently about living with endo

To increase her sense of control..

- Psychosexual therapy – MHCP?
- Cognitive behavioural therapies
- Positive psychology
- Solution focussed, strengths based

Increasing her feeling of control over the pain

- Normalise concerns and worries
- Articulate the 'hidden pain' dynamic
- Share others' experience of endo and pain impacts
- Provide ongoing support to help develop coping skills, thinking changes
- Support choice to consider accessing other treatments

Increasing her feeling of control over the pain

- Physical activities:**
- Relaxation techniques:
 - Diaphragmatic breathing
 - Meditation
 - Mindfulness
 - Exercise and movement
 - Yoga

Managing endo impacts, to learn about her body and the potential of pleasure

- Getting to know the sexual self; what she likes (& what she doesn't)
- Learning about orgasm – what feels good and what doesn't
- Gaining a sense of control over one's body, rather than being controlled by pain

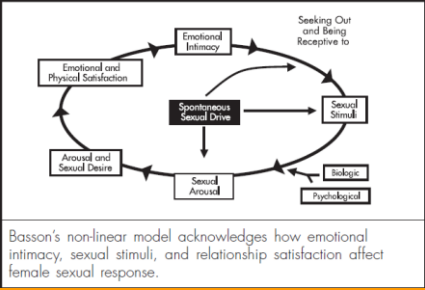
Intimacy and Pleasure - The relationship context

- Intercourse and outercourse
- Build on kindness and good will in relationship
- Increase both non-sexual and sexual intimacy
- Sensate massage: non-erotic and erotic
- Kissing hugging holding
- Skin touch

Intimacy and Pleasure - The relationship context

- Masturbation / self pleasuring
- Mutual pleasuring – digital or oral
- Comfort: positions, lube, erectile assistance, hot water bottles, pillows
- Different positions, times of day, times of cycle, environments, sensory stimulation /soothing
- Listening to what the woman/ couple says: How to have the sex they want to have

FIGURE 3. Non-linear Model of Female Sexual Response Developed by Basson⁶



Multidisciplinary Model

Benefits of a multi-disciplinary approach

- Shared and different understanding of patient/ client care
- Access to disciplinary specific expertise and input
- Combined problem solving
- Increased patient/ client choice and control
- Normalisation of concerns and effects

Referring on

- GP
- Gynae
- Pelvic floor physiotherapist
- Psychologist
- Sexual health physician
- Sexual health RN
- Sex therapist
- Clinical social worker
- Complementary therapies: Acupuncturist, dietitian, yoga therapist, nutritionist, reflexologist

Remember

- Ask - don't assume
- Be aware of your values, beliefs, assumptions and/or possible judgemental views
- Listen
