



## Dyspareunia – Female Sexual Pain

- Overview of Dyspareunia, Female Genito-Pelvic Pain/Penetration Disorder
  - DSM IV – DSM V
- Non-Pathological Causes of Sexual Pain
- Treatment – Mind/Body Model Framework
  - Arousal
  - Tension / Relaxation
  - Anxiety
  - Duty

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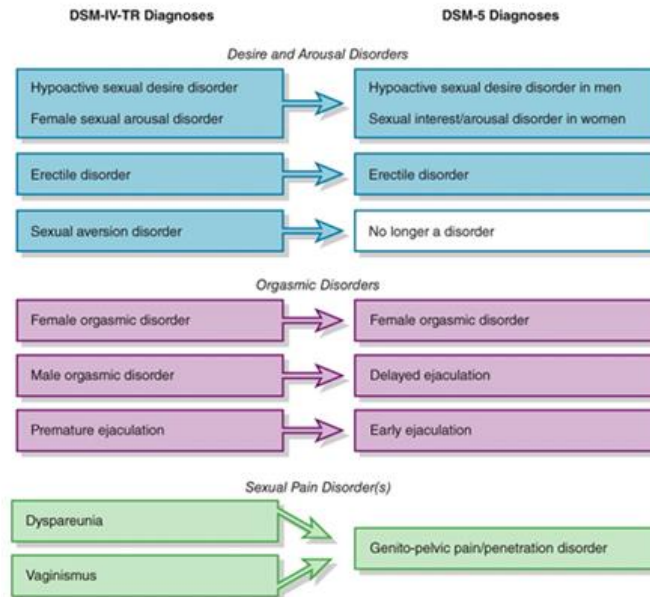
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### **2003 Australian Study of Health & Relationships (Richters et al., 2003)**

- 27.3% did not find sex pleasurable
- 23.9% experienced vaginal dryness
- 20.3% experienced pain during sex
- 17% anxious about ability to perform

## Diagnoses of Sexual Dysfunctions

DSM-IV-TR and DSM-V



## Vulvodynia

- Chronic vulvar pain of at least 3 months duration that
- Occurs in the absence of a clear identifiable cause
- Is a widely prevalent, misdiagnosed, and under-researched pain disorder affecting women of all ages and ethnicities.
- It negatively affects women's physical, emotional and sexual health.

# Vulvodynia

Two most common subtypes:

- Generalized Vulvodynia (spontaneous pain in several vulvar areas)
- Provoked Localized Vestibulodynia (provoked pain localized to the vulvar vestibule)

# Vulvodynia

- Onset (primary or secondary)
- Temporal pattern (intermittent, persistent, constant, immediate, or delayed)

## Vulvodynia Assessment

- i) visual exam of the vulva,
- ii) cotton swab exam of the vulva and vulvar vestibule,
- iii) neurosensory exam,
- iv) Pelvic floor muscle evaluation, and
- v) an evaluation of pain comorbidity and contributing factors

## Vulvodynia Assessment

- After all known infectious, inflammatory, neurologic, neoplastic and other causes of vulvar pain are ruled out...

## Multi-Disciplinary Treatments

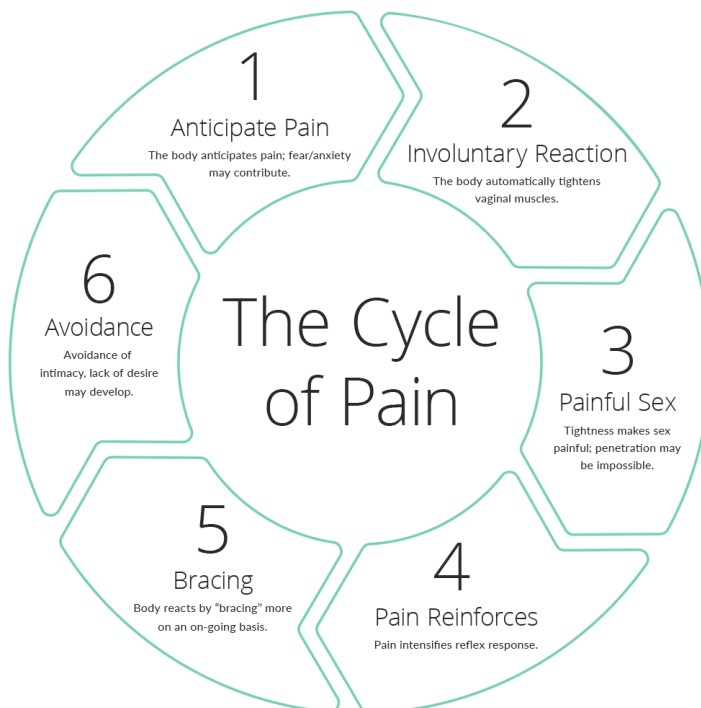
- Oral or Topical Formulations (anesthetic, antidepressant, anticonvulsant)
- Spinal Cord Neurostimulation
- Pudendal and/or caudal blocks of local anesthetic, or local anesthetic and steroid
- Multilevel nerve blocks (subcutaneous, pudendal, caudal)
- Botox
- Surgery – (provoked vestibulodynia)
  - Vestibulectomy with Vaginal Advancement
  - Modified Vestibulectomy

## Multi-Disciplinary Treatments

- Pelvic Floor Muscle Therapy
  - physical therapy techniques,
  - biofeedback training,
  - trigger point injections
  - use of vaginal trainers

# Multi-Disciplinary Treatments

- Psychotherapy
  - Reduce stress
  - CBT
  - Pain reduction
- Sex Therapy
  - Sexual Rehabilitation
  - Relationship Skills



## Common Non-Pathological Reasons

- Inserting things when not aroused
- Not relaxed / feeling tense
- Too much focus on partner's pleasure
- Having sex because they feel they should

Lynda Carlyle | [lynda@lynda.carlyle.com](mailto:lynda@lynda.carlyle.com) | 0425  
728 676

## Common Non-Pathological Reasons

- Not lubricated enough
- Using cheap lubricant
- Period of abstinence
- They don't really like what's happening

## Common Non-Pathological Reasons

- Anticipation of pain, super-sensitivity
- Rushing to get sex over with
- Vigorous sex / fingering / friction
- Long lasting sex
- Sex after a period of abstinence

## Common Non-Pathological Reasons

- Using cheap, poor quality sex toys





## Dysfunctions, Disorders & Difficulties

- **Dysfunction**
  - abnormality or impairment in the operation of a specified bodily organ or system
  - disruption of normal social relations
- **Disorder**
  - disrupt the systematic functioning or neat arrangement of
- **Difficulty**
  - a thing that is hard to accomplish, deal with, or understand
  - a situation that is difficult or dangerous

Lynda Carlyle | lynda@lynda.carlyle.com | 0425  
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### Do they stop?

- 250 women with dyspareunia presenting to a dermatogynaecology clinic @ Mercy hospital were assessed for attitudes and behaviours
- “Trauma producing sexual behaviour included unlubricated, unaroused and unwanted sex”

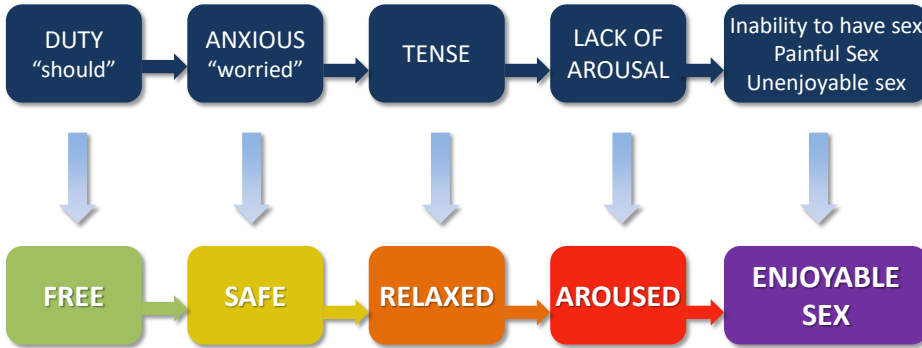
82% of women who had vulval pathology and  
98% of those without vulval pathology continued to  
engage in intercourse even if they had no desire

(“Dyspareunia and Vulvar Disease” Marin, G & Dennerstein, G *J Reproductive Med* 1998)

# MIND/BODY MODEL

Dr Anita Elias

## What's Getting In The Way?



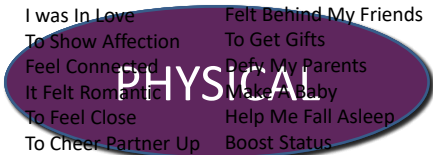
## What's Missing For You?

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# 237 REASONS PEOPLE HAVE SEX

Why Humans Have Sex (Meston) Arch. Sexual Behaviour (2007) 36:477-507

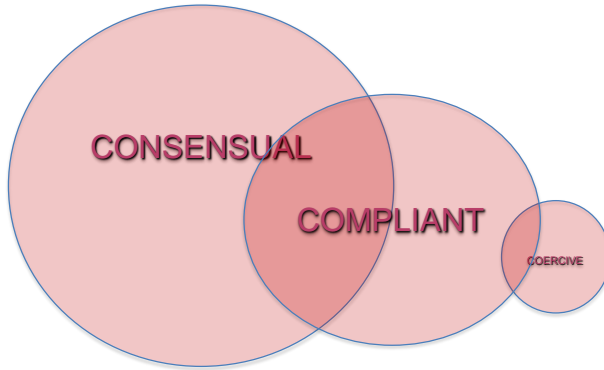
- Attracted
- Felt Turned On
- Wanted Pleasure
- To Orgasm
- Horny
- A Release
- New Experiences
- Curiosity
- I was Desired
- Frustrated & Needing Release
- Felt Desired
- Confidence Appealed
- To Pleasure Partner
- To Celebrate
- I was In Love
- To Show Affection
- Feel Connected
- It Felt Romantic
- To Feel Close
- To Cheer Partner Up
- Impress My Friends
- Get Rid Of A Headache
- Win A Bet
- Be Popular
- Felt Behind My Friends
- To Get Gifts
- Defy My Parents
- Make A Baby
- Help Me Fall Asleep
- Boost Status
- To Make Money
- Felt Left Out
- Needed A Conquest
- It Was My Duty
- Felt Obligated
- Didn't Want To Disappoint
- Worried Partner Will Stray
- Felt Lonely
- Couldn't Say No
- Only Time Partner Allows



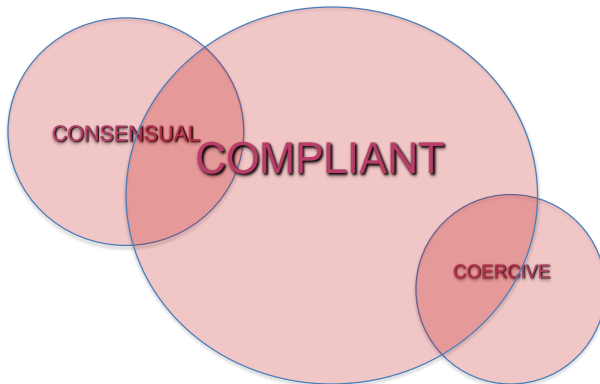
STRESS REDUCTION	Love & Commitment	RESOURCES	SELF ESTEEM BOOST
PLEASURE	EXPRESSION	SOCIAL STATUS	DUTY / PRESSURE
PHYSICAL DESIRABILITY		REVENGE	MATE GUARDING
EXPERIENCE SEEKING		UTILITARIAN	

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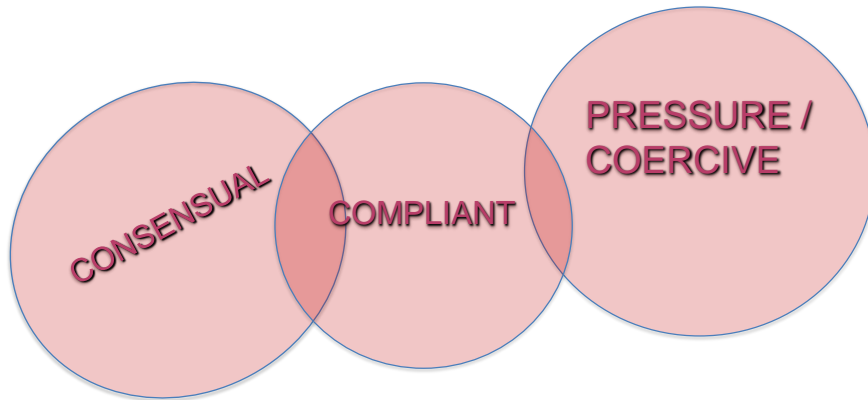
Consensual, Compliant or Coercive?



Consensual, Compliant or Coercive?



## Consensual, Compliant or Coercive?



## DUTY

- Consent *'I want to'*
- Compliance *'I'm willing to'*
- Pressure *'I have to'*
- Coercion *'I'm made to'*
- Force *'I'm forced to'*

## Find a SAS Accredited Sex Therapist

- <http://societyaustraliansexologists.org.au/find-an-accredited-psychosexual-therapist/>



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