Painful sex-a Clinical Psychology perspective

Dr Karen Gurney
Clinical Psychologist and Psychosexologist

CNWL Sexual Health Services
Clinical Psychology with sexual problems

• Theoretical approaches;
  – **Cognitive behavioural therapy** (deals with interaction between thoughts, emotions, behaviours and bodily sensations)
  – **Systemic therapy** (deals with relationships and influence of wider systems)

Utilising Sex Therapy (behavioural) techniques alongside these
Assessment

• Detailed description of psychological and psychosexual Hx
• Assessing for PTSD given ‘flashbacks’ and presence of low mood/anxiety
• What is her goal?

• **Cognitive, emotional or behavioural** antecedents or consequences of the pain, or NATS/beliefs/images about sex “This is going to hurt” “Pain= damage” “Sex is for other people” hypervigilance to pain/avoidance

• **Relational aspects to the pain** such as the effect it has on the rel’ship (and vice versa), how the partners response maintains the problem, whether the problem serves a function for the relationship

• Identifying the **impact of wider systemic discourses** on women, sex and pain ‘without penetrative sex we’re not having sex’, ‘lie back and think of England’, ‘Men need sex and women should give it to keep them’

• Outcome measures at beginning and at end to track change (NSOG &NATSAL SFC)
Mode of Delivery

• Workshop format – with a closed group membership
• Three x 1.5/2 hour sessions over a 6-8 week period
• Approximately 8-10 women in a workshop at a time
• Facilitated by clinical psychologists, doctors join at key points
• Aim of workshop to give participants enough information/skills and knowledge to work through the intervention without us at the end
• Tasks set between every sessions designed to develop skills/test out progress

• Women and their partners can access 1-2 sessions of individual/couple work after the workshop to ensure relationship factors addressed and facilitate putting the plan they have developed into action
Key aspects of the Intervention

- **Psychoeducation** around female pleasure, arousal and anatomy, and how pain (and anticipation of pain) can interrupt this.

- Making explicit the relationship between pain, thoughts, feelings and behaviours and the maintenance of the pain. Sex therapy and pain management techniques using CBT approach to counteract

- **Building skills** in graded dilation, self-sensate and pelvic floor awareness to gain confidence and control

- Utilising **mindfulness** as a way to manage pain, reduce distraction during sex and increase desire

- Exploring and challenging dominant **societal ideas** around sex and common myths about sex adding to the problem

- **Renegotiating** sexual relationships to fit with their sexual preferences and/or developing confidence in communicating with sexual partners about this and pain
The evaluation of a new service model for providing effective and cost efficient sexual problems services in sexual health


<table>
<thead>
<tr>
<th>Clinical outcomes (change pre and post intervention)</th>
<th>Individual (n=88)</th>
<th>Erection Group (n=23)</th>
<th>Pain Group (n=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reporting reduction in distress*</td>
<td>65%</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>% reporting increase in sexual satisfaction*</td>
<td>70%</td>
<td>77%</td>
<td>52%</td>
</tr>
<tr>
<td>% reporting increased confidence with condom use</td>
<td>-</td>
<td>74%</td>
<td>-</td>
</tr>
<tr>
<td>(Erection group only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% reporting confidence with a plan moving forward</td>
<td>-</td>
<td>-</td>
<td>83%</td>
</tr>
<tr>
<td>(Pain group only)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient reported perception of change in the problem</th>
<th>Individual (n=32)</th>
<th>Erection Group (n=23)</th>
<th>Pain Group (n=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The problem has got worse</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>There has been no change</td>
<td>15%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>The problem is better</td>
<td>44%</td>
<td>43%</td>
<td>48%</td>
</tr>
<tr>
<td>The problem is significantly better</td>
<td>37%</td>
<td>57%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Table 1 *Items taken from the NSOG (National Sexual Outcomes Group - measure in development)

“The group) opens up new possibilities, dispels myths, increases knowledge and opens up the real world of sex”