The physiotherapist in a psychosexual consultation

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- What is psychosexual dysfunction
- Therapeutic relationship
- Psychodynamic factors
- Consultation
- Case studies
- Institute of Psychosexual Medicine

Definition of psychosexual

Of or relating to the mental, emotional, and behavioral aspects/attitudes of sexual development/activity

Pyschosexual dysfunction

A disturbance of sexual functioning …that may be caused by mental and emotional difficulties in relation to sexuality rather than physical disorders

Psychosexual Medicine is psychosomatic medicine applied to sexual disorders

Psychosexual Therapy/Counselling is a specialised therapeutic technique to help people with difficulties that are of a psychological and sexual nature

DSM-5 (Diagnostic and Statistical Manual of Mental Disorders-5, 2013)

- Condition is persistent or recurrent, 75-100% of the time, and for a minimum of 6 months
- Causes marked distress or interpersonal difficulty

Subtype:

- Lifelong or acquired
- Generalised or situational
- Due to psychological or combined factors

Therapeutic Relationship - Factors

Well addressed

- physiotherapist roles and responsibilities
- partnership
- congruence

Poorly addressed

- communication - verbal / non-verbal
- relational aspects
- personalised therapy

Patient – centred care

- Bio-mechanical vs bio-psycho-social paradigm
- Therapeutic relationship usually outcome based
- 'Therapist-patient relationship' may be more genuinely equitable than therapeutic alliance

Besley 2010 Assessing therapeutic relationships in physiotherapy: literature review NZJ physio 39,2

Josephson 2015 Evaluative language in physiotherapy practice Social Science and Medicine, 143

Therapeutic Touch

SEX – attitudes / anxieties / fantasies

Dysfunction

Psychosexual counselling/therapy

Active listening
Sensate focus
Homework

Specialist physiotherapy

Psychosexual medicine

- Genital examination
- DPR
- Free Floating Attention
- Making the less conscious more conscious
- Brief consultation

Resolution
Understanding
Improved wellbeing

IPM training

1. Conducting a consultation – Listening/observing non-verbal comms/ checking understanding of problem/identification of overt and covert problems
2. Recognition and use of DPR (clinician)
3. Recognition of defences in patient and clinician
4. Use of examination as a psychotherapeutic event

Defences

- Repression
- Rationalisation
- Intellectualisation
- Avoidance
- Denial
- Projection
- Somatisization/Conversion
- Regression
- Displacement

Transference / Countertransference

Transference may be understood to refer to all the ways in which the patient's experience of the analytic relationship is shaped by his own psychological structures; the experience of feelings towards a person in the present which are a repetition of reactions to significant persons of early childhood

Countertransference "by putting oneself empathically in the other's shoes the therapist allows himself to feel what the patient has been unable to acknowledge in himself, such as anxiety or grief"

- **Genital examination**:
  - as a psychotherapeutic event
  - reassurance of normality
- **DPR:**
  - what is going on in the room
  - recognise defences
  - use in the consultation
- **Free floating attention**
  - notice behaviours, changes, words used, positions
- **Making the less conscious more conscious**

It sounds as if…. It seems as if…..I wonder ……You sound …. You're smiling although this is difficult to talk about….?

Language

- Specific questions relating to sex
- Open questions:

-What were you hoping would happen today?

-You seem to …. find this difficult to talk about

-What do you think it will be like on examination?

-I wonder how it feels to have sex …….when it hurts so much? ……..when you think it will tear? …….when you find it difficult to get an erection?

- And finally:

- This problem does not always have a physical cause

Case Study

- 28yr old referred with dyspareunia
- in a relationship for 4yrs with partner. Previous short term relationships -no problem with sex
- Pain with intercourse for 9 months. Difficult to achieve penetration. Normal swabs/tests. Uses tampons. "There must be something wrong".Wants to know what the problem is.

Examination: anxious re 'abnormal' vagina. No problem to palpate and internally examine.

Relieved afterwards that nothing 'wrong'

Case Study contd.

In consultation: now in a serious relationship and partner wants a family and marriage. What might that mean for her?

Why has she sought help now – what's different about now?

Explored her past in relation to feelings in the room of being scared / anxiety.

Her mum had severe PND and she remembers a feeling of loss / abandonment at that time when she was very small.

having children has become connected to those feelings subconsciously

Case Study

- Fit and well 55y old unable to have penetrative intercourse. Referred for pelvic floor physiotherapy
- Sex has always been ok with no difficulties. Since 2nd marriage - unable to tolerate penetration. Intercourse frequently abandoned. Tried self help and lubricant etc

Examination – not anxious, keen to know what the problem is. No difficulty with VE.

1st marriage ended with harsh words re sex / looseness / damaged

Too anxious to release in case the 2nd marriage spoiled

IPM training

- Introductory course available
- Seminar based
- 12 hrs/term over 3 – 6 meetings with a seminar leader for 2 years
- Costs: £480/annum + £300 exam
- Diploma exam

Conclusion

- The physiotherapist working in pelvic floor dysfunction is in a good position to extend her practise to psychosexual consultations
- IPM offer 2yr seminar training to Diploma level or can do an introductory term
- You must be seeing patients with a sexual problem regularly and performing a genital examination

Useful websites

- http://www.ipm.org.uk
- http://www.cosrt.org.uk
- http://www.relate.org.uk/relationship-help/help-sex/sex-therapy

Further questions:

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Or re IPM training Katie - admin@ipm.org.uk

And finally……

PROLAPSE

- **Up to half of all women who have children**
- **Increases in prevalence with each decade**
- **11% surgery rate with 30% reoperation rate**

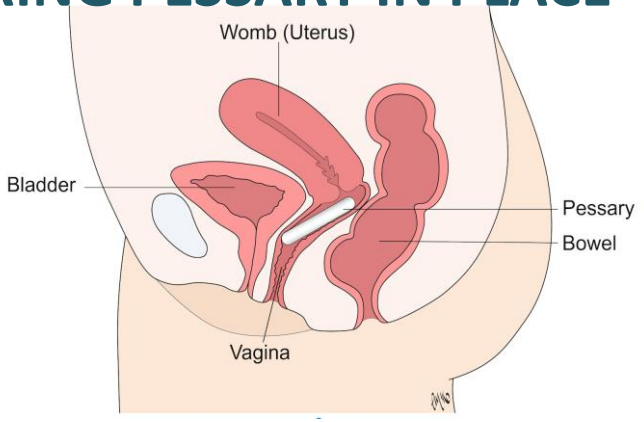
What is it? Prolapse is the downward movement of the vaginal walls or uterus into the vaginal space or beyond the entrance to the vagina. The main symptom is heaviness or bulging which can be felt inside or outside the vagina.

What can be done to help?

- Pelvic floor muscle exercises
- Getting a pessary fitted
- Trying to lose weight
- Avoid heavy or repeated lifting
- Treat constipation to stop straining on the loo
- Several different types of operation can be offered for prolapse.

PESSARIES

RING PESSARY IN PLACE



Be part of the future research about pessaries by adding your questions to the survey on this link:

http://www.gcu.ac.uk/hls/pessarypsp/

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