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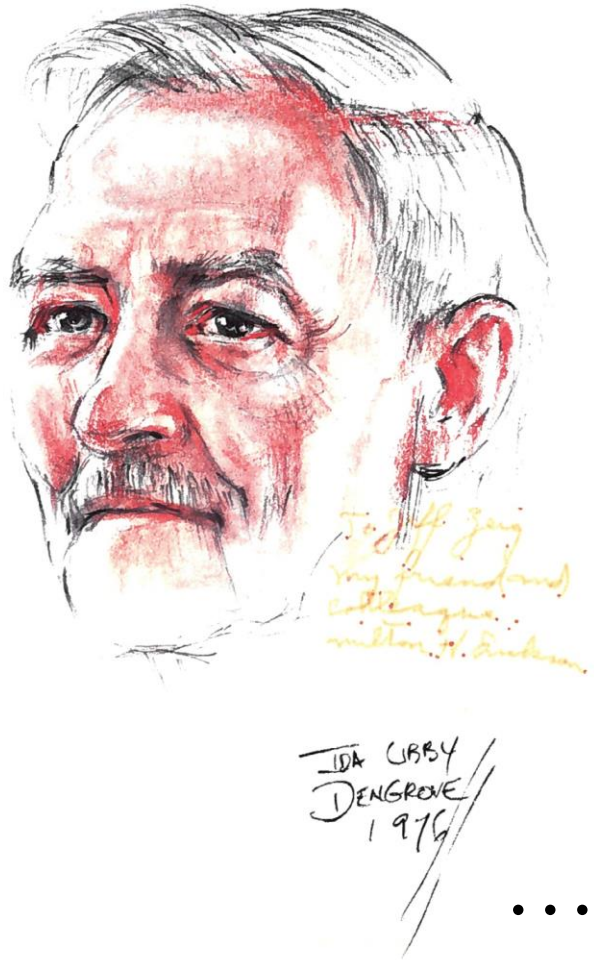

…with great appreciation

UNDERSTANDING GENITO-PELVIC PAIN/PENETRATION DISORDER 'VAGINISMUS' WITHIN CULTURAL CONTEXTS: A NEURO-PSYCHOTHERAPY APPROACH

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VIDEO CLIP 1,2

VAGINISMUS
IN THE CLIENT'S OWN WORDS

NEDA’S STORY

❑ Educational Objectives:

1 – Explain the role of culture as an etiology to vaginismus 'Genito-Pelvic Pain/Penetration Disorder' among sub-population women.

2 – Review and practice specific neuro-psychotherapy approaches, used to assist therapists, in assessment and interventions for this disorder, within cultural contexts.

- The Neuro-psychotherapy applications within a biopsychosocial paradigm.

- A holistic treatment modality for sub-population women.

❑ Who are sub-population women?

Each minority group contains subpopulations that may be defined by geographic origin, national origin, cultural differences, or mixed racial and/or ethnic parentage. The minority group or subpopulation to which an individual belongs is determined by self-reporting.

U.S. Department of Health & Human Services
Retrieved December 01, 2019

❑ What is Vaginismus?

1 – Vaginismus is a sexual health issue (WHO, 2019).

2 - Vaginismus, is a condition characterized by the spasm of the muscles that surround the vagina, causing occlusion of vaginal opening, so that penile entry is either impossible, or painful.(WHO, 1992).

3 - Vaginismus may result from injury to the Vulval area and repeated vigorous sexual acts

(https://www.who.int/gender/other_health/teachersguide.pdf).

4 - Vaginismus is a subset of the Genito-pelvic pain/penetration disorder. It is a penetration disorder in which any form of vaginal penetration such as tampons, digit, vaginal dilators, gynecologic (GYN) examinations, and intercourse is often painful or impossible. Genito-pelvic pain/penetration disorder further collapses dyspareunia and vaginismus into one entity. (DSM – V)

5 - A widely misunderstood & neglected area in research/clinical practice (Rashidian et al. 2014; Rashidian, Jaffe 2019).

Video Clip 2

❑ What is Neuropsychotherapy?

"Neuropsychotherapy is a neurobiologically informed framework for psychotherapy that conceptualizes thought and behavior as emerging from the influence of motivational schemata developed to preserve or enhance basic psychological needs. Therapeutic processes start from the development of a safe and enriched environment to activate positive approach motivational schemata utilizing a bottom-up neurological approach, and proceed from a top-down approach to facilitate long-term change in neural architecture" **(Dahlitz, 2015).**

Dahlitz, M. J. (2015). Neuropsychotherapy: Defining the emerging paradigm of neurobiologically informed psychotherapy. International Journal of Neuropsychotherapy, 3(1), 47–69. doi: 10.12744/ijnpt.2015.0047-0069

❑What is Neuropsychotherapy? (Conti.)

It has been labeled as:

- Brain-Based Therapy (ARDEN & LINFORD, 2009)
- Interpersonal Neurobiology (SIEGEL, 2010)
- Social Neuroscience **(CACIOPPO, VISSER, & PICKETT, 2006)**

❑ What is the aims of Neuropsychotherapy?

"Neuro-psychotherapy aims to change the brain, but it does not directly target primarily the brain but focuses on the life experiences encountered by the person. The brain specializes in the processing of life experiences. Life experiences are meaningful with regard to the needs that are embedded within the brain structures of each human being. Neuro-psychotherapy strives to shift the brain into a state that enables these basic needs to be fully satisfied. The best method for improving the health of the brain, then, is to ensure basic needs satisfaction" **(Grawe, 2007, p.424)**

Grawe, K. (2007). Neuropsychotherapy: How the Neurosciences Inform Effective Psychotherapy. New York, Psychology Press.

To create safety where there was fear.

❑ QUOTES FROM WELL-KNOWN NEURO-PSYCHOTHERAPIST AND NEUROSCIENCE RESEARCHERS:

"It is difficult to overstate the importance of understanding mirror neurons and their function. They may well be central to social learning, imitation, and the cultural transmission of skills and attitudes perhaps even of the pressed together clusters we call words.
(V.S. Ramachandran, The tell-tale brain: a neuroscientist's quest for what makes us human"

"Early experience shapes the structure and function of the brain. This reveals the fundamental way in which gene expression is determined by experience."

Daniel Siegel, The developing mind: how relationships and the brain interact to shape who we are.

"The problem is, when you depend on a substitute for love, you never get enough. "
Louis Gozolino; The neuroscience of human relationship: attachment and the developing social brain.

❑ Clinical Application of Neuropsychotherapy

Neurobiological empathy between client and therapist.

Strengthening clients' resources from the core of their motivational system

Facilitate an increasingly robust approach to self and the world (Flückiger, Wüsten, Zinbarg, & Wampold, 2009).

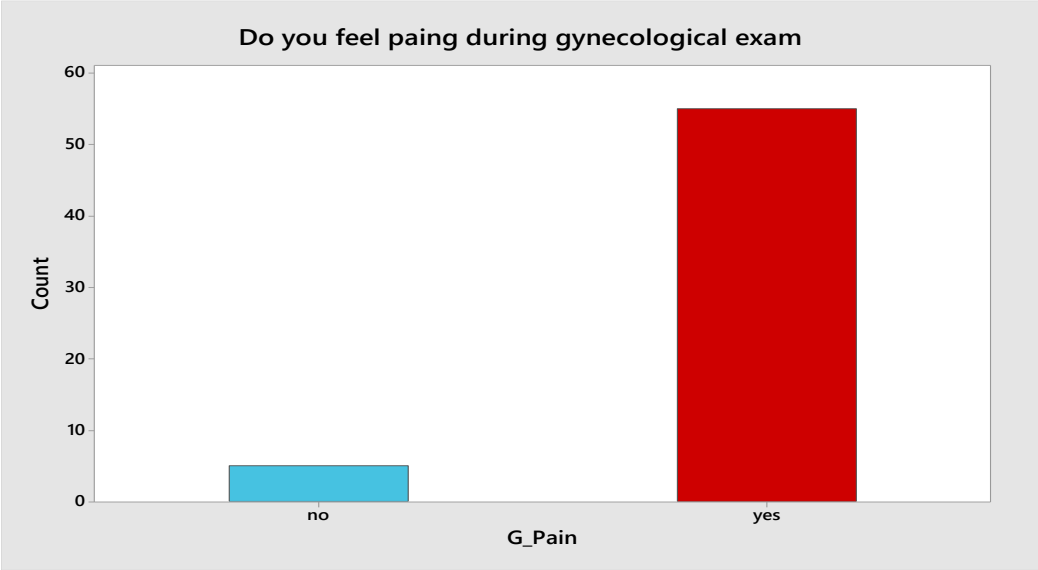
It leads to better need satisfaction and subsequent mental well-being.

Entails establishing a "safe" therapeutic alliance.

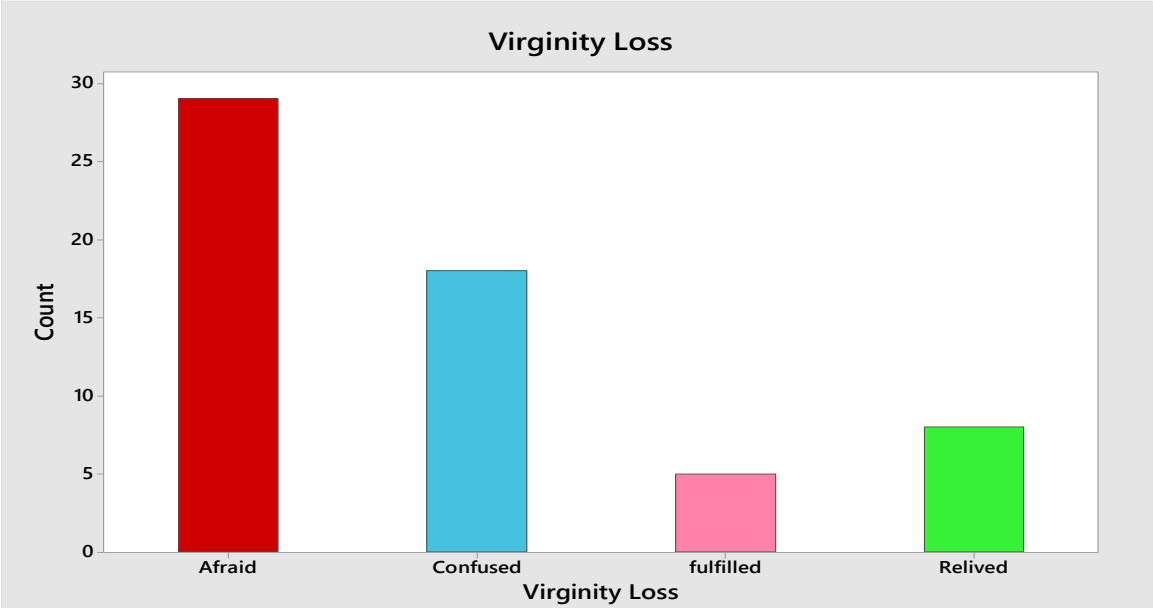
Facilitates approach patterns that will satisfy basic needs, down-regulate stress activation, and optimizes new, positive neural connections while reinforcing existing ones (Rossouw, 2014).

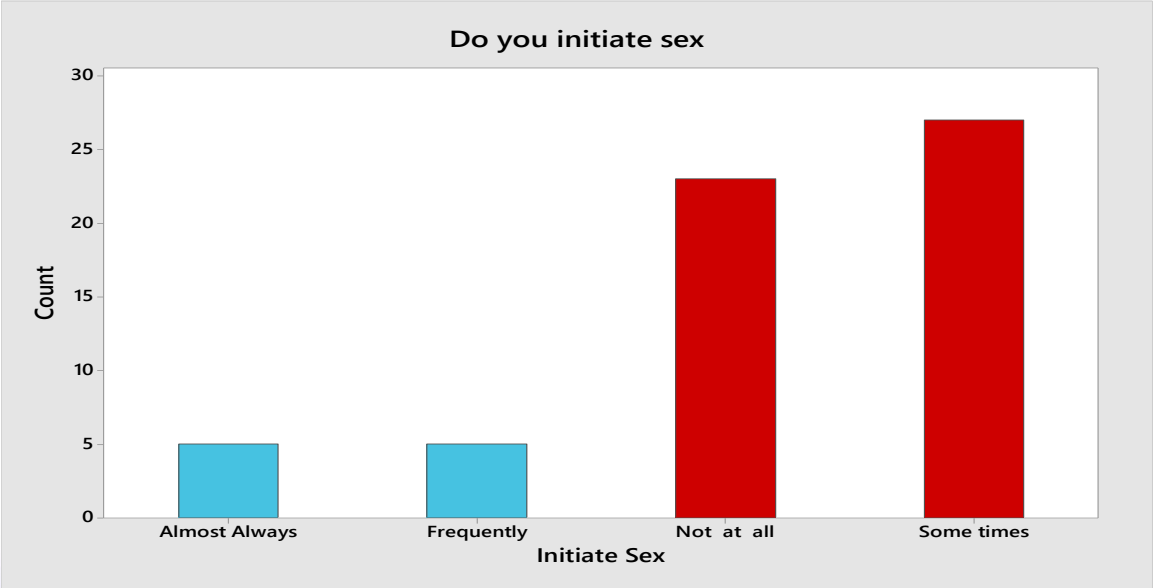
Video Clip 3

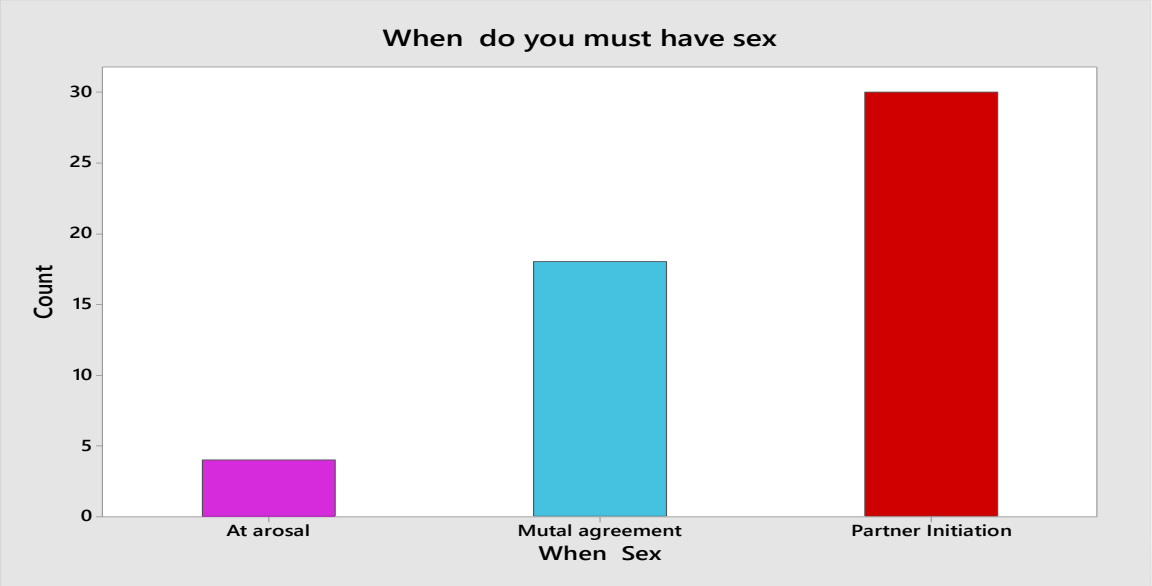
(Rashidian et al. 2002)



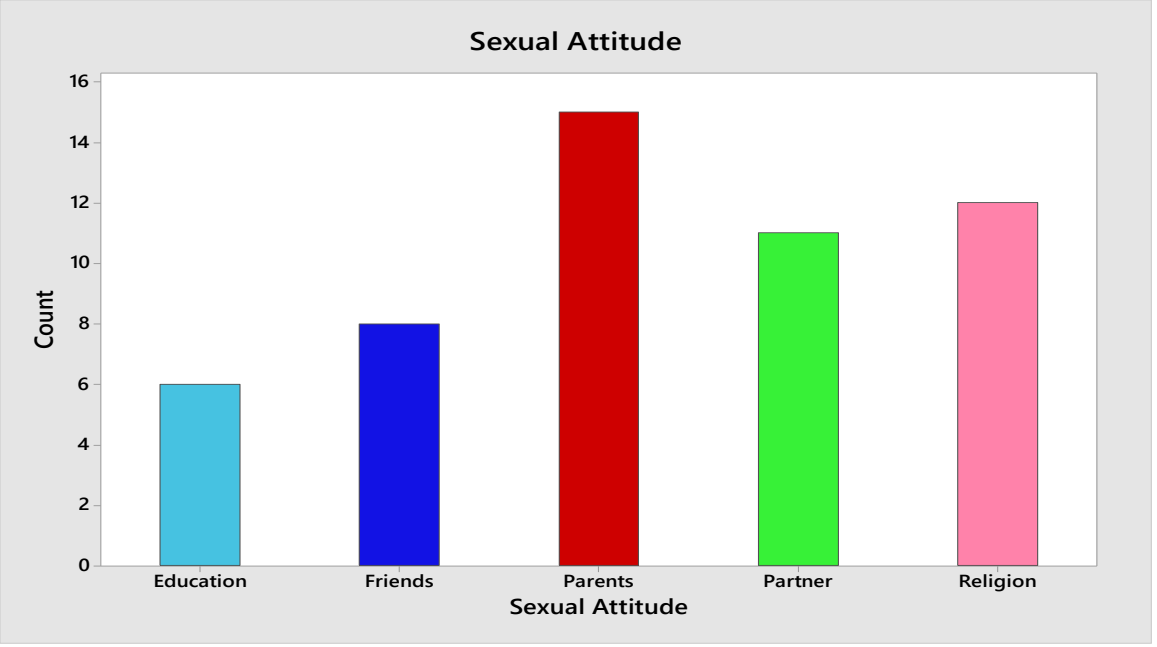
(Rashidian et al. 2002)

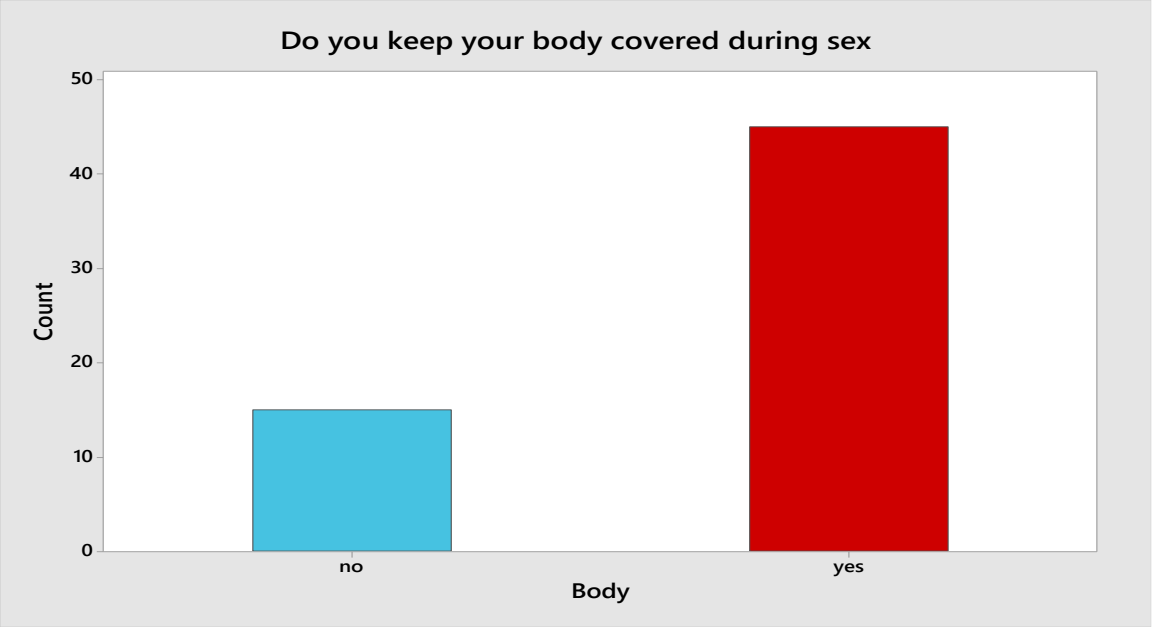


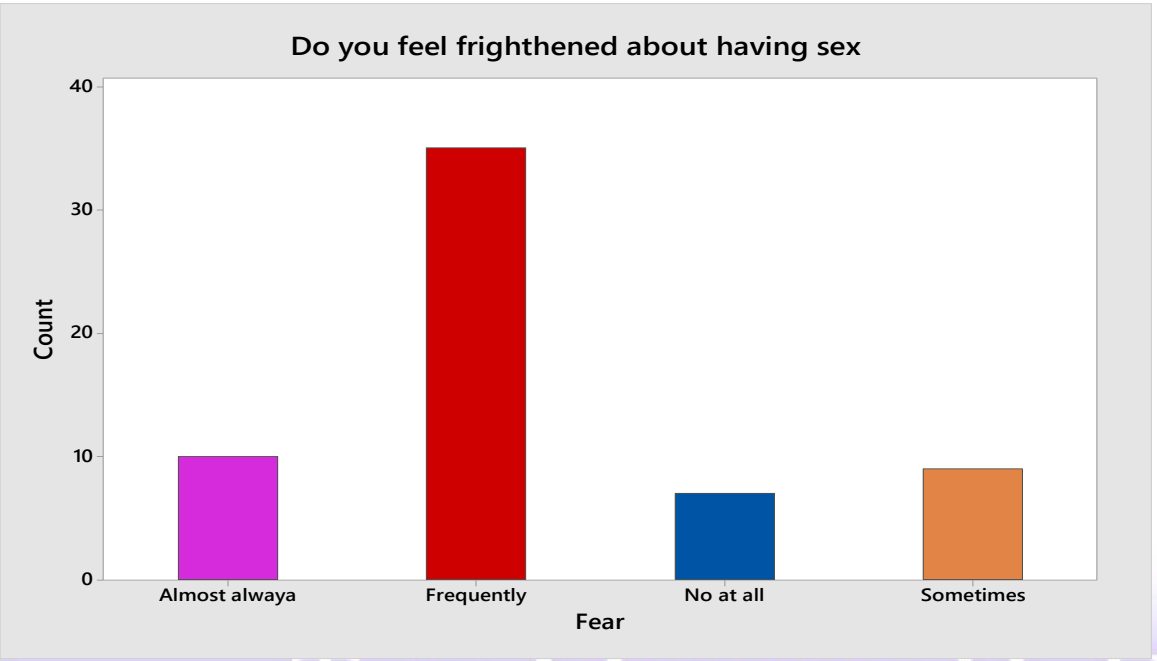




(Rashidian et al. 2002)







(Rashidian et al. 2002)

Video Clip 4

The main outcomes of my study

(i) Primary vaginismus can be difficult to treat treatment failures are common.

Must role out the organic cause.

In psychotherapy, women, used their own terminologies, languages.

They were able to identify cultural factors as roadblocks to the understanding of their sexuality and sexual-selves.

Female role within relationships.

Received education and awareness about female sexuality.

The main outcomes of my study

(ii) Understanding the nature of vaginismus allowed us to properly support these women.

Not having any form of treatments.

Not have any form of education and awareness about what was going on.

Caused them high levels of fear and anxiety about themselves and about the stability of their marriages.

The main outcomes of my study

(iii) The factor analysis and narrative study
new insight for treatment of the psychological fear and anxiety

Negative view of selfhood, as female, impacting the physical vaginal spasm.

The main outcomes of my study

(iv) Some patients who showed no improvement after a few months.

Some had to continue psychotherapy for much longer time, had improvement.

Vaginismus is not a surgical problem.

Hymenectomy and episiotomy are inappropriate treatments for this condition.

The main outcomes of my study

(iv) We must be aware of the many secondary challenges these women face.

To be prepared for ongoing treatment or referrals.

Residual fear and anxiety for penetration.

Inability to progress to intercourse despite using dilators, low Libido (sometimes of both partners).

Heightened harm avoidance and pain catastrophizing.

disgust issues.

Anorgasmia.

Partner hostility, infidelity, and erectile dysfunction.

(Rashidian et al. 2002)

AUTHENTIC TRUE SEXUAL-SELF VS. LIMBIC CULTURAL CONSTRUCT

AUTHENTIC TRUE-SELF

Hard Wired : Open, Curious, Honest, Sexual, Trusting

Capacity for : Calm, Emotionally Available, Connected, Confident, Compassionate

ENVIRONMENT

Individual's Life Experiences

Social, Culture, Norms, Religion, Economic, Politics

Infancy	Early Childhood	Adolescent	Adulthood
Imposed Messages About Sexuality		Imposed Gender Role	Gender Identity Messages

The Initial Sexuality Perceptions, Beliefs, Values

The Initial Sexual Experiences

The Experienced Sexual Feelings, The Meaning Making, Emotions

Core Emotions: Fear, Anger, Grief, Joy, Excitement, Disgust Sexual Excitement

The value one gives to oneself in a sexual role

Different meaning within different forms of interactions

STATE OF THE SEXUAL-SELF CONSTRUCT
BIO-PSYCHO-SOCIAL PHENOMENON

Thoughts and feelings in relationship with others

Self-perceptions

Sexual desires, Needs, Ideas, Sense of freedom of expression, Education, Social expectations, Self-development
Gender role, Sexual-identity, Sexuality, Beliefs, Challenges

Video Clip 5

❑ Etiology - Primary:

Vaginismus, a culture-bound syndrome, versus a disorder and/or a deficit perspective.

The cultural and religious strict massages about being a female.
Negative messages about sex, Sexual relations.
A female upbringing, causing phobic reactions.
Poor body image.
Limited/controlled understanding of the female genital area.
A family problem rather than the sole problem of the couple.

❑ TRAUMA

"If it is true that at the core of our traumatized and neglected patients' disorganization is the problem that they cannot analyze what is going on when they reexperience the physical sensations of past trauma but that these sensations just produce intense emotions without being able to modulate them, then our therapy needs to consist of helping people to stay in their bodies, and to understand these bodily sensations..." **(BESSELL VAN DE KOLK, 1998).**

❑ TRAUMA (CONTI.)

A Psycho-physical Experience - 20% PTSD

Large ‘T’ Traumas

Small ‘t’ Traumas

Trauma (Conti.)

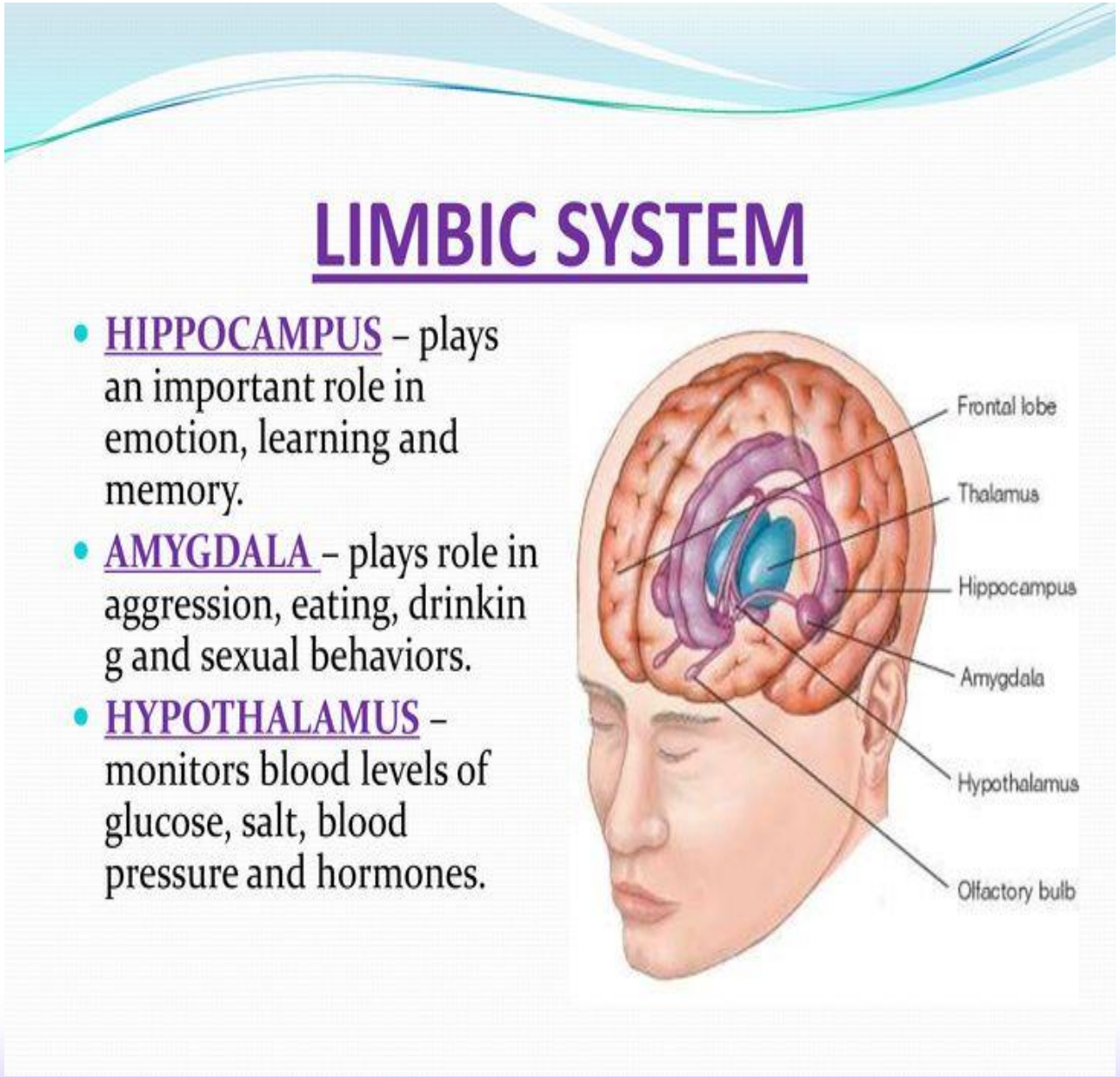
Affects Limbic System

Adrenocortico-tropic hormone

Epinephrine

Noreprinephrine

We can think of the limbic system as being central to :
The center for emotional responsiveness
Motivation
Memory formation and integration
Olfaction
The mechanisms designed to keep us safe.



❑ TRAUMA (CONTI.)

Fight or Flight

Freeze

❑ TRAUMA (CONTI.)

PREDISPOSITION

EARLY CHILDHOOD TRAUMA

HEALTHY VS. UNHEALTHY ATTACHMENT

NEUROPLASTICITY

❑ TRAUMA (CONTI.)

Stages of Recovery

Safety

Reconstructing the trauma story

Reconnecting survivor(s) to their authentic true-self

Reconnecting survivor(s) to significant others/community

Video Clip 6

❑ TRAUMA (CONTI.)

Small ‘t’ traumas are sneaky.

When chronic may create deeper wounds

Core emotions are needed and hard wired within our biology.

PTSD symptoms are easily misdiagnosed.

❑ TRAUMA (CONTI.)

Meanings are formed in relationships

Trust is foundation of faith

Trauma breaks the connection to others

Meaningful connections heals the break

Internal locus of control

An indestructible kernel of mental health

Video Clip 7

CULTURAL-RELATED DIAGNOSTIC ISSUES	
Cultural	**Emotional**
• Family conflict • Frightening and punitive father/mother • Cultural pressures, shame, guilt and fear • Strictly patriarchal upbringing • Strict religious views • Arranged and forced marriage • Limited support network • Remembered negative family messages about sex from upbringing • Lack of expression of physical and emotional affection in formative years • External stresses, e.g., bullying, work pressures, harassment, economic insecurity	• Anxiety about sexual activity • Insecurity in own sexual role • Vicious cycle: Pain; Worry, Fear, Anxiety; Phobias; Fear of physical/emotional pain • Bereavement; Depression • Anger; resentment • Large ‘T’ & small ‘t’ Traumas • Stress, Pressures, Tiredness • Fear of: Rejection; Intimacy; Losing Control; Pregnancy; Being blamed

Markovic, Desa (2017); Rashidian et al. (2014)

Cognitive	Relational
• Lack of sexual knowledge • Negative attitude about sexuality • Negative messages about men • Negative believes about female sexuality • Anticipation of pain, catastrophizing & hypervigilance • Belief in own inability to cope with pain • Negative self-concept • Idea about own genitals being unclean and unpleasant • Attributing responsibility for sexual pleasure to the partner • Medicalizing the problem	• Constrained communication about sex, intimacy & own needs • Conflict • Lack of trust in partner • Passive & unassertive partner • Partner's sexual dysfunction • Partner's criticism and anger; rough sexual treatment • Violence • Partner's sexual inexperience • Power struggles • Lack of affection and negative experiences in previous relationships • Lack of committed relationships

MARKOVIC, DESA 2017; RASHIDIAN ET AL. 2014

Video Clip 8

❑Intervention

Memory Reconsolidation

"Discovery of the brain's ability to delete a specific, unwanted emotional learning, including core, non-conscious beliefs and schemas, at the level of the physical, neural synapses that encode it in emotional memory" (ECKER ET AL., 2012, P. 13)

It can lead to the complete and permanent elimination of psychological symptoms. (ECKER, TICIC, & HULLEY, 2012; PEDREIRA, PEREZ-CUESTA, & MALDONADO, 2002)—

❑Intervention (Conti.)

Approach/Avoid networks

Basic needs
Motivational goals
Personal motivational schemas

From a neuropsychotherapeutic perspective: Therapy should aim to reduce the use of avoidance goals, and promote more positive approach goals to satisfy basic needs.

Video Clip 9

❑Intervention (Conti.)

The "Social Brain"

We are social creatures.

We collectively form families, communities, and cultures, that define us as much as we define those systems.

Relationships nurture us, and shape us into who we are.

"Social Brain": Those neural systems that form, and perform, within the scope of interpersonal relationships (Cozolino 2014)

❑Intervention (Conti.)

The Window of Tolerance (Siegel, 1999)

Describes a model of autonomic arousal levels, in which an optimal arousal zone, or window of tolerance, between hyper- and hypo-arousal of the autonomic nervous system (Ogden, Minton, & Pain, 2006).

From a Neuropsychotherapy Perspective:

The importance of widening a client's window of tolerance, especially in the case of trauma, becomes a central goal.

Achieving this will increase their capacity to tolerate and integrate thoughts and feelings, and keep the ventral vagal social engagement system operative.

Video Clip 10

❑Intervention (Conti.)

THE SCIENCE OF AFFECT

From a neuropsychotherapy perspective:

It is the paradigm shift in psychotherapy, from explicit, left-brained, conscious, cognitive processes, to implicit, right-brained, unconscious, affective–relational processes (SCHORE, 2014).

❑Intervention (Conti.)

Orientation and Control

The need for orientation and control is the most fundamental of all human needs (Epstein, 1990).

Self-esteem Enhancement

"An individual's subjective evaluation of her or his worth as a person." (TRZESNIEWSKI, BONNELLAN, & ROBINS, 2013, P. 60).

❑Intervention (Conti.)

Change From a Clinical Perspective

Controllable Incongruence

It becomes the mechanism of change within the therapeutic dyad.

It is the discrepancy between an individual's perception of reality (his or her actual experience) and beliefs, expectations, and goals.

Such incongruence will cause inconsistency within the mental system (Grawe, 2007).

Uncontrollable incongruence

It is a circumstance that exceeds one's ability to cope, or belief that one can cope, with the mismatch between what is experienced and one's goals.

Uncontrollable incongruence is a stressful state that heightens arousal potentially beyond one's window of tolerance (Kandel, Schwartz, Jessell, Siegelbaum, & Hudspeth, 2013).

❑Current Treatments

Medical Model

Vaginal dilators
Lubricants
Botox injection
Numbing lotions

Psychological Model

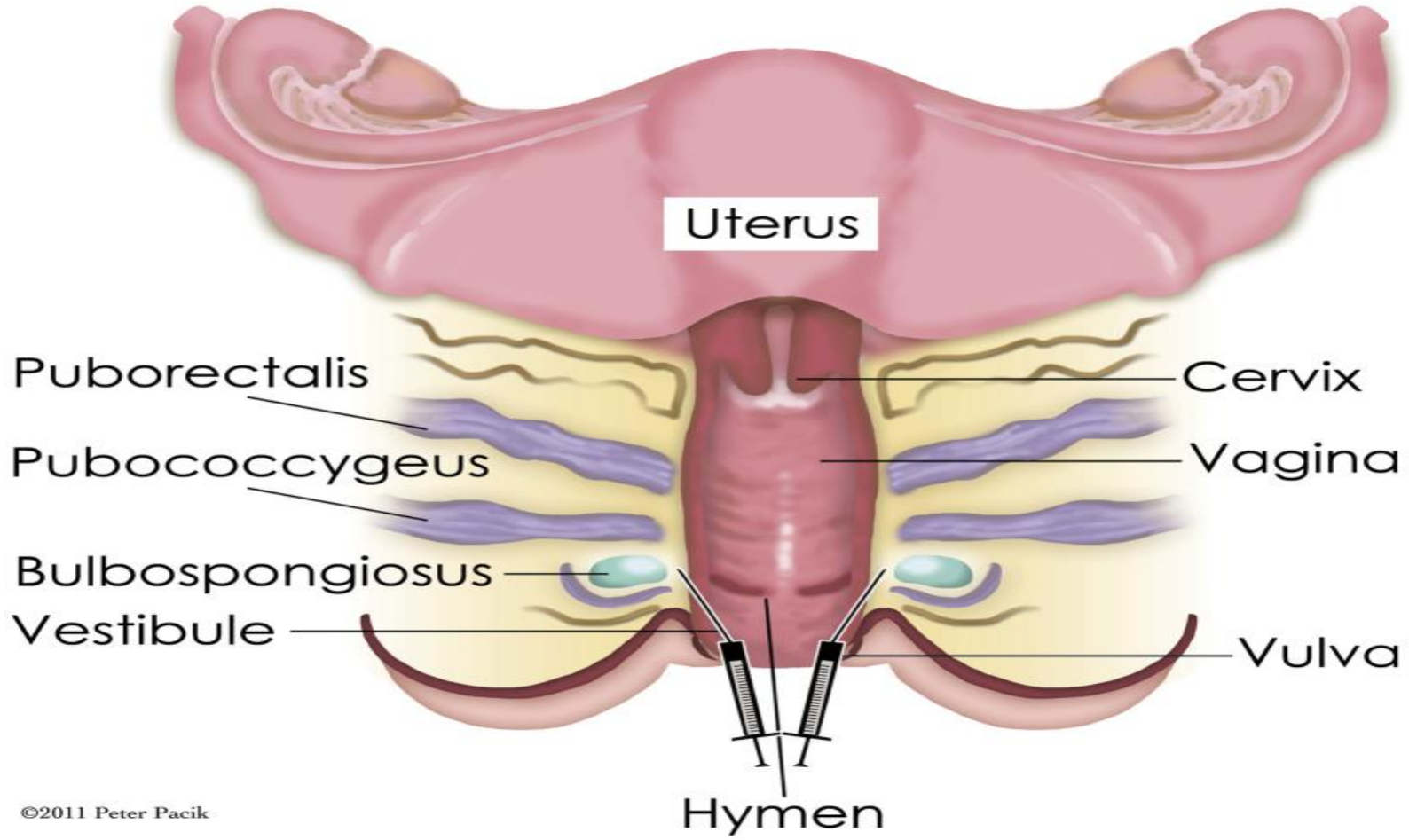
Physical therapy
Sex and relationship counseling
Psychotherapy
Cognitive behavioral therapy
Hypnotherapy

A

B

- # 3 Dilator = 2.5 inches or 63.5 mm (length = 3.5 inches)
- # 4 Dilator = 3.25 inches or 82.55 mm (length = 3.5 inches)
- # 5 Dilator = 4 inches or 101.6 mm (length = 3.5 inches)
- # 6 Dilator = 5 inches or 127 mm (length = 3.5 inches)
- # 7 Dilator = 5.5 inches or 139.7 mm (length = 3.5 inches)
- # 8 Dilator = 6.25 inches or 158.75 mm (length = 3.5 inches)

(Pacik 2017)


Uterus
Puborectalis
Pubococcygeus
Bulbospongiosus
Vestibule
Cervix
Vagina
Vulva
Hymen
©2011 Peter Pacik

❑Conclusion

VAGINISMUS, A CULTURE-BOUND SYNDROME, VERSUS A DISORDER AND/OR A DEFICIT PERSPECTIVE.

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