

SEEKING OUT HELP WHEN INTERCOURSE HURTS

There will soon be an addition to my growing photo collage of irresistible newborns. Each shining face reminds me of all the dedicated couples who refused to give up on their happiness.



DR. SANDRA SCANTLING
INTIMACY, SEX
& RELATIONSHIP

After eight years of prayers and tons of doctor visits, Don and Lucy McDonald have hit their jackpot. They're pregnant. Ryan Dexter McDonald (yes, it's a boy) is due this Labor Day (how fitting).

All babies are miracles, and this is no exception. But Don and Lucy, nearly 39, feel doubly blessed. Ryan Dexter was conceived during the McDonalds' first pain-free intercourse.

Lovers since college, with no other sex partners; they've shared a mutually satisfying sexual relationship but have been unable to "consummate" it until recently.

I remember the McDonalds' first therapy session last May. Don, a burly guy who moves furniture for a living, half-jokingly introduced himself as the "world's oldest virgin" as Lucy, petite and reserved, forced a faint smile.

They sat next to one another on the sofa directly across from me.

Lucy hugged one of the soft throw pillows for comfort. Don began without hesitation. "We have to level with you, doc," he said. "This is the last place we want to be."

Lucy nodded and held the pillow a little closer. "We thought this sex thing would just work itself out in time, but it's gotten worse."

I admired Don's candor and could see how much pain this couple had sadly endured. "So many couples get pregnant when they don't want to, ... and we're trying so damn hard to start a family. It's just not fair!" Don said, raising his voice. "Why can't we just do what is supposed to come naturally?"

Pelvic pain disorders are difficult to treat because of their complex etiology.

Lucy went from gynecologist to gynecologist searching for an answer to her problem, but she was repeatedly told that everything "checked out" physically. The only time she had pain was during intercourse.

One physician suggested they see a sex therapist, but it took years, and an advancing biological clock, for the McDonalds to muster up the courage to follow his sage advice. It's not easy talking about sex with a stranger, even when the stranger is a professional. The fear is that a sexual problem reflects a core

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inadequacy, so problems are hidden or tolerated much too long.

Some couples avoid sex therapy because they're afraid of the "process" and what they might be asked to do. But once individuals settle into treatment, they're relieved to find out that sex therapy is similar to other kind of psychotherapy. The focus isn't simply on mechanics. It's on understanding the protective mechanisms of the body, relieving distress in the relationship, enhancing pleasure.

Treating pelvic pain requires a comprehensive psychophysiologic evaluation and collaborative approach. Many women with painful penetration may experience an overall decrease in sexual desire, arousal, orgasm and pleasure, while others are sexually "functional" in all areas with the exception of penetration. Some pain is only

experienced in certain positions or with certain partners.

Pain around the pelvic floor muscles may be the result of trauma, infections, certain medications, hormones, endometriosis or a range of other conditions or situations that may not be apparent on routine pelvic examination.

In therapy, Lucy revealed a history of frequent urinary tract infections and repeat catheterizations as a young girl. She also remembered falling on the cross bar of her bicycle. She hadn't ever associated these events with her painful intercourse. The increased muscular tension in her pelvic area was a learned protective response that backfired by triggering pain and preventing penetrative pleasure. At times, just thinking about penetration stimulated discomfort.

Many women with similar histories become disconnected from their pelvic area in an unconscious attempt to block painful triggers. Treatment includes mirror desensitization and pleasurable resensitization, working with vaginal dilators, changes in penile-vaginal positioning, and a variety of other methods tailored to the needs of the individual or couple.

For the McDonalds, their program consisted of learning to

notice positive pelvic sensations, cognitive-behavioral therapy, and specifically designed homework exercises. I also collaborated with a physiotherapist who helped Lucy reduce her pelvic floor tension with biofeedback and localized relaxation techniques.

(To find a physiotherapist in your area, go to www.womenshealth.apta.org).

The "talk therapy" component of sex therapy helped the McDonalds overcome their anxiety, embarrassment and self-recrimination — to focus on their success, not failure. Don and Lucy were helped to understand that Lucy's pain was not their "fault."

Sexual dysfunction is not failure. It is a problem that requires early intervention. With appropriate treatment, the success rate is high.

I have some photos to prove it.

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