Vulvodynia

A talking therapy for women and their partners who are dealing with persistent vulval pain

Marion Wade
MNZAP, MNZAC, ITAA, Registered Psychotherapist, In private practice
Counsellor at Wellington Sexual Health Service

3 July 2010 – **Abstract: This article presents a therapeutic response to women and their partners dealing with persistent vulval pain. Developed in the public sexual health service, this response draws on the writer's experience in nursing and pain management, and includes a psychological model for understanding oneself (Transactional Analysis), somatic trauma therapy, and sex therapy. Cultural and relationship factors are shown to be significant in the genesis, maintenance and relief of pain. Particular therapy options are outlined. Achievement of affect regulation and self efficacy underpin these options. One woman's therapy is summarised.**

Introduction

Vulvodynia was an unfamiliar condition when I began working as a counsellor at Wellington Sexual Health Service (WSHS) in 1997. A couple in their late teens were the first of a steady stream of clients whose story became familiar to me –desperation because of the woman's ongoing pain, and frustration with lack of an effective cure. This first couple had been together for three years, and were disappointed with my offer to explore the impact of pain on each to see if we could relieve it with counselling. Rather they desperately wanted to "do something to get rid of [the pain]". This wish is typical of those faced with incomprehensible persistent pain which "seems like the body turning against itself" (Frank, 2005, p. 291). They were referred to counselling by a WSHS doctor who said he had "done all [he] could do for them". Their efforts and those of the health practitioners had achieved no relief, reflecting the fact that issues of diagnosis and treatment of this condition can be very frustrating for both sufferers and health practitioners (Slowinski, 2001; Lamont et al, 2001).

Literature

Vulvodynia is defined as "a chronic pain syndrome of the vulvar area in the absence of an infectious, dermatological, metabolic, autoimmune or neoplastic process" (IASP, 2007). Between 16% (Lotery et al, 2004) and 20% (NVA, 2003) of women experience chronic vulval pain. St Martin (2009) notes that there are many theories about the cause of vulvodynia, and there is no cure. She provides a valuable report of clinical issues, current medical knowledge, and treatments of vulvodynia which are reflected in my own clinical observations, discoveries and reading of the literature. My contribution to the field is to describe cultural and social factors that I consider significant in the genesis, maintenance and relief of pain for many women, and to articulate aspects of two therapies, somatic trauma therapy and sex therapy, for this client group.

Pain

Damasio (2000, p.74) differentiates between "…pain as such and emotion caused by pain" i.e. the sensation and the affect. To Morris (1991), however, it is a myth to entertain the idea of two pains because the whole person experiences pain, both emotionally and physically. For many clients, vulval pain and emotional pain are two different experiences, while for others pain is solely physical. Acknowledging these differing views, I will consider theories about the neuroanatomy of loss and pain, sensory processing sensitivity, and pain traumatically held in the body with autonomic nervous system activation.

Neuroanatomy, Sensitivity and Loss

There is evidence that we experience and regulate pain – whether social, emotional, or physical pain – through