

## SEXUALITY POST-INJURY: FOR WOMEN

### SEXUALITY: ISSUES FOR WOMEN

For most women the ability to be sexually interested and responsive can vary considerably across the lifecycle, with higher need generally at the start of a relationship. Both emotional and physiological factors are central to female sexuality, but social and cultural influences also have a major impact on how motivated a woman is to interact sexually with a partner. Societal images and media messages convey powerful ideas concerning idealised body shapes and appearances which can be undermining to women even in the absence of illness or trauma. However with the onset of an illness, disease, or experience that compromises bodily responses, genital structure or functioning, a woman is highly likely to struggle with multiple anxieties concerning her self-worth and attractiveness. In addition her level of sexual desire and need would be expected to plummet in connection with physical pain or discomfort, and the various medical interventions that may be required.

As with men it can be very difficult for women to acknowledge the extent to which their sexual urges have decreased, especially in a society where women may feel they are expected to be sexual in a relationship. It is not uncommon for women who experience considerable pain during intercourse, for whatever reason, to continue to have sex because they are fearful of disappointing a partner. In this situation resentment can increase and the relationship will suffer as a consequence. Clinicians working with women who are trauma survivors need a sensitive approach to enquiring about the impact on sexual interactions, as having sex might be the last thing someone is considering in the context of physical and medical issues. On the other hand a rewarding sex life is central to well-being for many people and further therapeutic input could be a valuable adjunct to pharmacological treatment and surgery.

### GENITAL AROUSAL IN WOMEN

Anatomical differences between the genders are obvious, but while the importance of blood flow to the genitals in creating the male erection is well known, women are often unaware that similar vascular engorgement takes place, which enables female genital structures to react to stimulation. Multiple trauma following an accident or illness can compromise the biological underpinnings of the sexual response system, including the vascular and neurological processes that are crucial for genital arousal. Women's sexual responsiveness is embedded in an emotional context, which means thoughts and feelings about herself and the relationship will determine her ability to be sexual at any given time. Intrusion from anxiety, self-consciousness, pain, or fear of upsetting a partner will impair blood flow to the genitals and undermine arousal. As a result sexual contact could become more painful and distressing.

Penetrative sex as a goal cannot be assumed, but if both partners do want this outcome, sufficient lubrication is the first requirement for comfortable intromission. Importantly though, to avoid pain when the penis is inserted, smooth muscle reactions take place so that the vaginal passage expands and the uterus then lifts to accommodate the erection. This requires blood flow to the genitals, a process that is regulated by the autonomic nervous system. Any trauma that compromises the autonomic nervous system could therefore reduce or prevent genital vasocongestion, so that intercourse is fraught with difficulties. Anxiety about experiencing pain can further compound the process. Sexual intercourse is of course just one aspect of a

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relationship, and women will often say that sensual touch and close physical contact with a partner is more important.

## SEXUAL FUNCTION AND VAGINAL INJURIES

Complications during childbirth or the aftermath of a difficult labour are also common reasons for difficulties with sexual responsiveness. These physical injuries include severe tearing of the perineum during delivery, problems with stitches which become infected, and scar tissue in the vaginal passage. As mentioned some women will continue to engage in sexual activity, despite vaginal lesions, to avoid upsetting a partner, and may be reluctant to admit how much intercourse hurts.

Serious diseases such as cancer of the cervix or labia which may affect nerve endings and blood supply are also likely to cause pain; a major factor in lack of pleasure and loss of sexual interest. Pelvic floor muscles aid intercourse feelings and vaginal sensitivity, so damage to this area may play a part in reduced sensation. Changes to the external appearance of the vulva and vaginal area can result in a level of self-consciousness such that the woman cannot bear to be touched or looked at, due to thinking of her body as unattractive or even ugly.

## TREATMENT FOR IMPAIRED SEXUAL FUNCTION

Women generally visit their GP more often than men and tend to be more comfortable expressing feelings of anxiety, fear or pain. If you would feel awkward discussing sexual issues with a familiar person, a referral to a specialist clinician or sexual health practitioner could be preferable. Gynaecological examination is usually the first option for pain following traumatic childbirth, and various prescribed lotions can make a difference if lubrication is impaired. In some cases surgical repair may be recommended, and this will be explained in detail by the consultant.

Psychological approaches to improve sexual responses and relationship interactions can be very useful once organic and physical factors have been assessed. You might find certain positions more comfortable than others, so if possible some experimentation could help. Considerable adjustment to altered bodily responses can be helped by therapeutic interventions aimed at reducing shame and embarrassment, increasing self confidence, and helping you to communicate with your partner. It might be difficult to express how your sexual needs have change and referral to a psychosexual therapy service could be a valuable approach. Many women feel very relaxed and emotionally close when they are touched and stroked, and more prolonged contact of this kind in an intimate relationship can be healing and rewarding for both partners. Sensual touch releases brain hormones into the circulation that induce feelings of calmness and well-being, so even in the absence of sexual activity that you previously enjoyed, it is still possible to benefit from physical closeness.

Psychosexual therapists are trained to address individual and couple issues and devise positive ways to improve communication and sexual contact. As well as helping you to accept the physical changes and cope with a sense of loss, a psychosexual therapist will help you to find alternative ways to achieve sensual and sexual pleasure and to be intimate with a partner.

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