Edina Dombi

Gynecological Psychology

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1. Introduction

Psychological and psychiatric methods should also be applied in the field of obstetrics and gynecology, as these branches of medicine do not only deal with physical illnesses but also with natural processes (i.e., contraception, pregnancy, giving birth, and menopause) and the physical and mental changes that accompany them. However, these physiological processes may induce psychopathological phenomena such as anxiety or even depression. Emotional problems, self-esteem issues, and relationship conflicts may be underlying some gynecological diseases. According to psychological and psychiatric approaches, mental health disorders can often be linked to changes in the life cycle, which are much more prominent in women than in men. Hence, the psychological support of patients is essential regarding health prevention or recovery processes.

2. Work of a Health Psychologist in the Field of Gynecology

Diseases considered mainly having a psychosomatic background such as vaginal discharge, chronic pelvic pain, bleeding disorders, and reproductive disorders can clearly be linked to chronic stress, anxiety, and depression, in addition to socioeconomic status, lifestyle choices, predisposition to somatization, and psychological trauma (Szigeti et al., 2014). Health psychology in the field of gynecology focuses primarily on these phenomena. Tools applied include the establishment of a health-conscious attitude, the support of active health behavior, depression- and anxiety-reducing techniques, crisis intervention and trauma processing, grief counseling, and methods to process losses. Health psychological interventions in the field of gynecology can also aim to reduce anxiety associated with medical interventions, facilitate compliance and communication with medical staff, support decision making, promote self-functions, manage problems related to body and self-image, and support analgesia with psychological techniques (e.g., relaxation methods, suggestive communication techniques, etc).

Pelvic pain is one of the most common causes making women visit gynecological outpatient care. Pelvic pain is considered chronic if it lasts for more than six months. It may have an organic background with a gynecologic (e.g., endometriosis, adhesion,

previous cesarean sections, pelvic congestion), gastrointestinal (e.g., irritable bowel syndrome), or urogenital origin. Some kind of a psychogenic origin can be assumed when no organic abnormality behind the symptoms can be detected, or pain persists despite the treatment of physical complaints. Chronic pelvic pain hinders activities of daily life. Moreover, the constant feeling of pain is often accompanied by frustration and irritability. It maybe helpful for the affected women to understand that the pain is not always the result of an organic disease but of a complex of physiological, socio-economic, and psychological factors that vary individually. Treatment of chronic pelvic pain is a multidisciplinary task in which not only obstetrician-gynecologists and family doctors but also psychologists can have a serious role (Papp, 2006; Pál, 2019; Szigeti et al., 2014).

From an applied health psychological perspective, the primary aim of psychology in the obstetrical and gynecological field is to support healthy processes and prevention. Natural states such as pregnancy, giving birth, postnatal period, and changes in the life cycle may result in psychopathological processes, mood disorders, and anxiety symptoms caused by complex processes and causes. If there is an excessive physical and mental strain, exploring and treating psychological causal factors may be necessary. However, in general, the role of psychologists is to improve coping mechanisms, use stress management and health promotion techniques, and support solving the clients' social and communicational problems.

3. Case report: to connect and bond, the case of a 21-year-old woman

3.1. Background information, family relationships, description of the problem, and the source of the referral

Zsuzsi was a 21-year-old university student at the time who lived on a farm with her parents, older sister, and grandmother. His father worked as a primary producer. They kept animals around the house and farmed on a large land area. Zsuzsi loved the freedom that surrounded her in nature. She felt that her relationship with her father was poor and laden with conflicts, because he expected all family members to help tend to the farm. For Zsuzsi, this was a burden. She did not enjoy or want to help with farming, and this resulted in several conflicts and arguments with her father. She did not maintain a good relationship with other family members either. Her sister was 24 and was about to finish her university studies. Zsuzsi thought of her sister as a sloppy and lazy person. They shared a room where Zsuzsi was the one who kept things in order. Her sister regularly borrowed her clothes and accessories and used her cosmetics without permission. Her sister had a better relationship with their parents; therefore, in case of disagreements, they usually sided with her over Zsuzsi. They also gave more financial support to her sister. Zsuzsi had grown apart from her mother and grandmother; they had already stopped talking to each other. Her current partner, with whom she

had been together for eighteen months, was currently the closest person to her. Her partner was younger than her. He was 18 and yet to graduate from high school. Since he was living in Sátoraljaújhely, he could only meet Zsuzsi biweekly at the weekends. They first met on an online gaming platform. The relationship was important for both of them; they planned to spend the upcoming years together. On those days when they were not able to meet in person, they maintained constant online connection and communicated through text. Usually, Zsuzsi traveled to her partner on weekends. Her partner's family accepted Zsuzsi, and she enjoyed spending her weekends there.

The attending physician (who also shared some initial information with me regarding the client) recommended the involvement of a psychologist in the treatment process. The young female client often presented complaints of recurring urinary tract infections to the family doctor, who gave her referrals to a gynecologist and urologist. Zsuzsi was free of complaints for a short period of time after the treatments; however, the recurring symptoms, medical examinations, and treatments were stressful to the patient on a psychological level. Thus, the attending physician recommended to involve a psychologist. The doctor asked the patient beforehand about this opportunity. Zsuzsi was open and accepting towards psychological support; she was particularly happy with the idea.

The constantly recurring health problems were hard for her to bear. She was worried and afraid that she *"could not get rid of"* these symptoms, which appeared first three to three and a half years ago when she was in 11th grade. It started with lower abdominal pain, frequent urge to urinate, and burning sensation when passing urine. She received antibiotic treatment with the diagnosis of bacterial bladder infection. Her symptoms resolved; however, she was later diagnosed to have a vaginal fungal infection. Following another treatment, she developed vaginal tears. The causes behind her complaints of urinary tract symptoms and constant feeling of discomfort were sometimes shown to be of urological origin and other times a gynecological background was proven. By the time one symptom got treated or managed, another emerged. She was in her first relationship at the time when her symptoms first developed. This was also the time when she had had her first sexual experience. Looking back, she evaluated her past relationship negatively. She and her ex-partner had broken up a couple of times and then got back together throughout the span of the relationship of two years. Her ex-partner had cheated on her multiple times. In retrospect, she believed that her first boyfriend humiliated her and did not respect her at all. She became aware in the meantime that sexually transmitted diseases might also cause urinary tract infection-like symptoms. She postulated that she got an infection while having intercourse with her first boyfriend, who often changed his sexual partners throughout their relationship. Since then, she paid more attention to prevention, but regardless, her complaints reappeared from time to time. Her current partner accompanied her to visit the attending physician and got treated as well; however, it did not solve the problem. Zsuzsi's symptoms and illnesses negatively impacted the relationship as they narrowed the opportunities

for sexual activity, which was already limited by the physical distance and rare personal encounters. She said that although her partner is understanding, patient, and accepting; still, she sensed some tension.

Along with her health complaints, she also mentioned some additional difficulties and problems stemming from her current situation. She was distrubed as she percieved her life as meaningless and was unsure about what to do with herself. At the time of our work together, she studied business informatics (the subject her sister also studied), but Zsuzsi did not enjoy studying; this major did not motivate her. She started her studies at a university away from home and lived in a dormitory. She really enjoyed being finally able to have some distance from her sister and parents while studying there. She formed new relationships and enjoyed being a university student. However, already at that time, she felt unmotivated to study and failed some of her exams despite her previous love to study let alone the fact that she graduated from high school with honors. Later, her family could not keep up financially supporting her studies and living in the city, so she moved back home and switched universities to one which was closer to her home. She did not make any friends there. Zsuzsi started a student job to accumulate some savings that she now used to pay for her medical examinations and treatments and pay the travel costs of visiting her boyfriend.

Regarding her family life, she wished to finally have her own room until she could move out and be alone. To be able to move out, she needed to have her own income; however, she could only start a proper job after getting a bachelor's degree. Due to the failed exams and missing credits, she took a year off. There were one and a half years still remaining till graduation. Zsuzsi also hoped that her sister would move out as she would find a job after graduation.

3.2. The Consultation Process, Therapeutic Frames, and Interventions

The client initiated the first contact via phone. After fixing an appointment, the first session happened at the Psychology Ambulance of the Department of Obstetrics and Gynecology when Zsuzsi came to the clinic for a follow-up examination. I met a young, thin, reticent, soft-spoken girl. Her appearance was like that of a young girl; she did look younger than her age because of the way she dressed. Her naturally red wavy hair and freckled face also made her seem younger. At the first session, I explored her family background, current health status, and past medical history. Furthermore, I inquired about her current life situation, circumstances, social relations, and pastimes. Taking down the medical history continued during the second session. I aimed to investigate the psychological resources in Zsuzsi's personality, relationships, and her way of functioning. I also examined her motivational background and stress management skills. In this session, we focused on her current and previous (and at the same time, her first) relationships. We touched the subjects of relationship satisfaction, sexuality, body and self-image, and femininity. During the first two supportive therapy sessions,

I tried to position the appearance of the symptoms in the client's life story and explore those life events that could be associated with these complaints. I tried to identify potential links between symptom progression, the subjective experience of illness, the major events of her life story, and the changes in her interpersonal relationships.

According to the framework of gynecological psychosomatics, unresolved conflicts (such as loneliness, isolation, relationship conflicts, and challenges at work) may cause physical symptoms and underlie chronic pelvic pain and psychogenic vaginal fluor (i.e., vaginal discharge). In case of unfulfilled sexual desires or sexual repressions of a psychogenic origin, these symptoms may also serve as protective symptoms keeping the client away from sexual intercourse or the partner. Neurovegetative instability and non-specific stress situations may also underlie these symptoms. They may also be associated with other psychosomatic symptoms, such as chronic pelvic pain. Chronic recurrent syndromes can also develop along a leading symptom of pelvic pain, accompanied by sexual disorders, digestive disorders, headaches, and bleeding disorders. This state is often associated with the sensation of helplessness and powerlessness. Healing work can be aided by information regarding the patients' life story, expectations, desires, fears, family and work environment, and relationships (Pál, 2019).

Following the first consultation with the client, we agreed on a contract for four additional sessions (five altogether) held weekly. The first interview made it clear that the client's difficulties included her perception of her life as stuck in her current situation, pointlessness, and lack of motivation. Furthermore, other issues were also present such as her frustration due to her illness and disappointment, which negatively impacted her self-image and experience of her femininity, and influenced her relationship with her boyfriend and family. Therefore, the aim of the psychological support was self-reinforcement, the promotion of self-functions, and the improvement of self-knowledge and self-esteem. The consultations occurred on an outpatient basis at the Ambulance for Psychology. In between sessions, I discussed the case with the attending physician and gave them feedback. Following the first session, her attending physician presented the past medical history and treatments of the client while I informed them of the potential parallels between life events and the appearance or exacerbation of her complaints. Later, during the psychological intervention, I inquired about the health status and symptom changes of the client, and after the termination of the therapy, we had one more consultation about the improvements of her state.

By the third session, I experienced positive changes in Zsuzsi's emotional state and mood. She told me that her gynecological complaints had lessened and that she spent the weekend with her boyfriend. Her mood improved, and she felt better. Because of it, she noticed that she was studying harder for her university classes. As a result of the last two consultations, she made several observations for which she expressed being thankful to me. Her need for a more conscious self-knowledge increased. She attended a lecture that focused on self-knowledge, subjective well-being, and relationships. Moreover, she also started to read a book on self-knowledge. Zsuzsi said that she could

never really accept herself, her appearance, and body, but she only became aware of all this at our sessions, via the lecture, and reading the book. She believed that her negative feelings toward herself were connected to her illness. She wanted to understand the associations between her feelings, thought, difficulties, and physical symptoms, which increased her motivation to understand herself and engage in self-knowledge more deeply. She realized that she usually saw herself and the things that happened to her in black and white, and that she had a predominantly pessimistic attitude which stopped her from recognizing when good things happened to her. In light of these realizations, she re-evaluated her relationship and started to value more the attentiveness, patience, and care of her partner, something that she had not received from her ex-partner. Altogether she started to appreciate having a partner and not being alone. She also shared with me that she assumed a strong link between her lower mood, symptoms (and the pain), relationship difficulties, and aimlessness (lack of motivation); she felt these factors were strongly linked.

Following our third session, I presented the case of Zsuzsi at group supervision. I decided to present this case because the counseling process seemed to go too fast, and the client reported great changes within a very short period of time. These changes also manifested in her appearance; moreover, Zsuzsi became more open in her behavior. She made the impression of a more self-confident and determined young woman as compared to how she appeared at our first encounter. These changes made me feel more uncertain and cautious. *Is it possible to achieve such a great change in such a short time period? How long would a change last that had come so fast?* The group case discussion helped me to find answers to these questions: Zsuzsi's feeling of liberation might stem from her experience of pain mitigation and the novelty of having a psychologist. After all, this was Zsuzsi's first time at a psychologist where she could release her tension and talk about her burdens and difficulties. As she did not have friends and could not share her problems with her sister and mother, this was all new to her. Prior to that, the doctor's office was one of the places where she could experience that someone listened to her and paid attention to her when she talked about her problems or physical symptoms. This attention might unconsciously maintain her symptoms. However, she now could understand that being more conscious in certain aspects helped her and gave her a new direction. Furthermore, Zsuzsi also received a novel experience regarding ways of communication. She usually communicated online through text during gaming, while 'talking' to other gamers (who were mostly strangers to her). When she was at the psychologist, communication turned into a "here and now" experience with immediate reactions and spoken feedback.

In the fourth session, I gave Zsuzsi feedback of my feelings and impressions regarding her change that I also discussed in the supervision group. I consciously tried to also express my positive thoughts and feelings. For example, I praised her boldness for opening up and changing her life, and I tried to increase her self-confidence through affirmation, supportive talk, and honesty. Then, I asked her about her feelings regard-

ing our work together. She said she was grateful for the opportunity. It was new and surprising even to her that her attitude changed so much and how she now had a different view of herself and her relationships. She wanted to learn more about her functioning and needs. I tried to emphasize that she could gain more knowledge of herself and her behavior if she participated in interactions, since social interactions help us learn about ourselves. Moreover, she could experience again sharing her thoughts and experiences through these relationships. During this session, I offered her an opportunity to choose the topic of the last (termination) session. I had a feeling that having an opportunity to decide within the counseling process would be important to her for having a sense of control, as she had a problem with regulating how her body functioned.

As a result, during the fifth session, we went on to work on her self-knowledge and self-image, which was followed by the termination of the counseling. I offered her to work with a symbol by analogy to her seeking herself and her self-boundaries. The symbol was the image of her own room. She repeatedly mentioned that she was longing for her own room, which would only belong to her. A room that she could form and shape as she preferred. I asked her to imagine that she had her own room. How would this room be? What would be where? How would she furnish it? During my work, I often employ meditative-imaginative methods. In symboltherapy, the use of basic symbols such as the house or room can be used to walk through internal routes and for exploratory work of self-knowledge. The processing of the experiences aids psychological and self-exploration and leads to unfolding the links between the outer and inner world. The therapeutic work with inner images can result in internal changes that are detectable from the outside through behavioral changes.

After the imagination practice, we evaluated and terminated the counseling process.

3.3. Motivation, Coping Skills, Resources, and Goals

Zsuzsi had a motivated attitude and an accepting behavior regarding our work together from the start of the counseling. She was deeply immersed in the topic of relationships and self-knowledge; moreover, she indicated a need to improve her self-knowledge to support her career choices as well. She was initially demotivated regarding her university studies. Her primary motivation for the counseling was to alleviate her physical symptoms; the goal was to cease her complaints. We tried to set the goals as precisely as possible during the first session: instead of focusing on the lack of something, to achieve a desired state (to which we could pair her efforts and commitments). She also reported motivation concerning developing her self-efficacy and self-knowledge to improve her relationship with her family, which she perceived to be laden with conflicts. Her relationship with her boyfriend was a resource from where she could gain experience of acceptance and understanding. She also talked about the lack of social support. She did not have friendships, only acquaintances with whom she communicated during online gaming. Her coping strategies were rather impulsive and emotion-driven; thus, we attempted to develop more adaptive ones.

3.4. Changes Experienced Throughout the Consultation Process

Zsuzsi's physical and health condition was characterized by short asymptomatic periods followed by relapses. She demonstrated positive changes in her behavior during the course of psychological aid, especially when interpersonal communication appeared, i.e., when she experienced the psychological intervention in real space. Throughout the counseling, she could experience the liberating feeling of communication and sharing. She reported the mitigation of her recurring complaints, which lasted even after the termination of the counseling.

Lessons learnt from this case

I experienced the case reported here in the first year of my work in clinical health psychology. The complaints and accompanying psychological factors presented here are quite common in my field of psychology, hence the decision. In addition, my aim was to present a case that I encountered as an early career psychologist with only a few years of experience, so students pursuing psychology residency and MA students specializing in the clinical application of health psychology also find the case report helpful. This case demonstrates for me that there is a strong link between the function of the body and mind. It taught me how to explore the underlying causes behind the easily observable and visible complaints. I also learned that embracing the mental state is of utmost importance in mitigating the physical symptoms. Furthermore, the collaboration of medical doctors and psychologists, as well as the joint management of the patients are essential for an effective treatment.

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