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How Iranian Practitioners in Primary Health Care setting Can Provide Client's Sexual problems? A case report study

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Abstract

Aim: Providing sexual health care is a fundamental action, which is intended to promote the general quality of life. To achieve this aim, practitioners in primary health care setting should be qualified in terms of sexual health counseling and effective interventions. This case report was intended to introduce and explain the application of Ex-PLISSIT model, which can be applied by health care practitioners when sexual counseling. The Ex-PLISSIT model is an extended of Annon's PLISSIT model which its acronym determines four levels of intervention as Permission, Limited Information, Specific Suggestions, and Intensive Therapy.

Methods: The case was a 25 year-old married who declared that during the sexual encounter, she often did not experience orgasm. She also stated that ejaculation is occurred by stimulation of the Granfenberg spot (G-spot) as an erotic zone, which is located on the anterior wall of the vagina along the course of the urethra. The Ex-PLISSIT model was applied to resolve the client's sexual problem in the three sessions with two-week intervals.

Findings: The first and second counseling sessions were focused on the permission and giving the limited information and specific suggestions to experience orgasm and correct the client's mindset about G-spot. During counseling sessions, the review and the reflection were carried out to increase the client's self-awareness. The third session focused on the other sexual skills training that client can apply to experience orgasm. Two weeks after the third session, client reflected that she experienced good orgasm and also she was interested to re-apply those suggestions in her sexual encounters with her husband.

Conclusion: The Ex-PLISSIT can be a useful framework for practitioners in primary health care setting to meet and provide the sexual health care needs of clients.

Keywords: Ex-PLISSIT, Sexual Health, G-spot, Women

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Introduction

Sexual relationship is a fundamental action, which is intended to promote the general quality of life [1]. The majority of people may experience at least one sexual concern, problem or disorder in their life [2]. Sexual problems are common both in males and females but women are more susceptible to them because women's sexual response is more integrated with their psycho-emotional factors [3, 4]. The prevalence of sexual problems leading to a condition known as female sexual dysfunction (FSD) is high and varies from 30% to 63% [4]. Laumann and colleagues reported the prevalence of FSD in the United State as 43%. There is no definite prevalence of FSD in Iran but some studies reported the prevalence as high as 26% to 51% [5-9]. Nowadays, there is consensus that Sexual dysfunction affects general well-being [10]. The short-term outcomes of sexual dysfunction are worry and distress and its long-term outcomes are depression and anxiety [11]. So, providing health care about sexuality can be a useful intervention, which decreases the prevalence of sexual difficulties and promotes the overall quality of life [12]. To achieve this aim, health care practitioners should be qualified in terms of sexual counseling and therapeutic skills.

There are some models that practitioners can apply when sexual counseling. This case report was intended to introduce and explain the application of Ex-PLISSIT model, which can be applied by health care practitioners when sexual counseling. In fact, we focused on the method of application the first three stages of Ex-PLISSIT model in a real case to present an explicit sexual counseling pattern for health care practitioners. The Ex-PLISSIT model is an extended of Annon's model as PLISSIT, which can be applied to sexual counseling in the primary health care [13]. At first, PLISSIT model was endorsed and applied to provide sexual health services [14] but after some clinical experiences of health care practitioners, it was revealed that PLISSIT model had some problems such as in the Permission level of PLISSIT, which is often bypassed. For example, some practitioners describe providing limited information in the form of a brochure that contains some written information about the impact of the condition or treatment on individuals' sexual health. These practitioners presume that patients would raise subjects of their sexual wellbeing if they wanted to discuss it. They take patients' silence as a sign that they have no problems. This implicit permission-giving does not allow patients to appropriately discuss their sexual problems. Indeed, the practitioners' silence on this subject may mean that it is not appropriate to discuss their sexual problems. A further problem in the way practitioners interpret the

PLISSIT model is that giving permission by itself is sufficient. If the patients do not voice issues in relation to their sexual wellbeing after giving permission, it may be assumed that they do not have any concerns. Practitioners can also interpret the PLISSIT model as one-way process. There is no explicit discussion about PLISSIT when reviewing interventions with clients; hence, some practitioners presume that they have been effective in meeting patient's all needs [15-17]. For solving these problems of PLISSIT model, the Ex-PLISSIT model was endorsed. The acronym Ex-PLISSIT determines four levels of intervention as Permission, Limited Information, Specific Suggestions, and Intensive Therapy. Other features of the Ex-PLISSIT model include the requirement to review all interactions with clients, and the incorporation of reflection as a means of increasing self-awareness by challenging assumptions (Figure 1). Indeed, the Ex-PLISSIT model features permission-giving as being the core aspect of all stages and enables health care practitioners to use reflection and review in order to develop their own practice [14, 15].

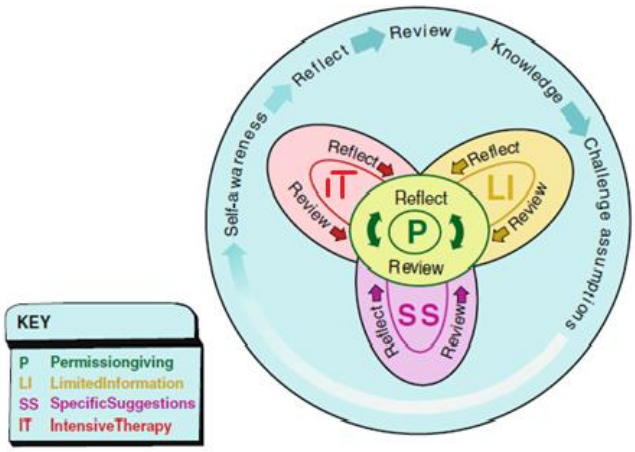

Figure 1: The Ex-PLISSIT model

Methods

Study design

This study as a case report was conducted in August 2013 and presented sexual problems of a married woman, who participated in this study as a part of a larger mixed method study for receiving PhD degree in Reproductive Health. It was approved by the Ethics Committee of Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran.

Case presentation

The case was a 25 year-old, woman with Iranian nationality, who got married for 3

years, and had not given birth to any child yet. She was a housewife and her educational status was B.S in biology. She declared that she was nurtured in a traditional family and did not receive any sexual education before marriage. After her participation in the project, she wanted to especially consult about her sexual problems. RM as a counselor assured her about confidentiality. In addition, written informed consent was obtained from her.

The client's chief complaint was disorgasmia. In addition, she declared that during the sexual encounter, ejaculation is occurred by stimulation of the Granfenberg spot (G-spot) as an erotic zone, which is always could be seen on the anterior wall of the vagina along the course of the urethra [9]. For which, she had consulted some specialists such as gynecologists but she did not come up with any appropriate solution. That's why she decided to investigate her problems individually; hence, she became oriented to the concept of G-spot through certain sources such as websites, advertisements, papers and books. She claimed that the G-spot stimulation is only method for her sexual excitement that she frequently found it tedious and sometimes impossible.

Application of the Ex-PLISSIT model

RM arranged three sessions with two-week intervals to apply the Ex-PLISSIT model for consulting the client about her sexual problems. In this case, the first three stages of the Ex-PLISSIT model were examined. During counseling sessions, the review and the reflection were provided to increase the client's self-awareness. More details of counseling sessions are explained in the result section.

Results

The first counseling session was formulated based on the stages of Ex-PLISSIT model. At the beginning of permission-giving, RM tried to build up a good rapport with the client and asked her to express her main concerns. So, client declared that she was a disorgasmic woman. For this, based on the limited information state of Ex-PLISSIT model, counselor gave limited information about orgasm as one component of female sexual response. Then, client reviewed her experiences in sexual relationships and reflected that she did not experience orgasm at the beginning of her marriage. After that, she experienced orgasm in a few sexual encounters. At this stage, counselor gave some specific suggestions such as sexual self-exploration, and psycho-sexual preparation before starting sexual course. Furthermore, RM emphasized that in order to enjoy sexual relationship, married couples should mutually be aware of the most sensitive sexual zones of their bodies. To achieve this goal, exploration

sessions should inform erotic zones of couples. Identifying these areas called "erotic zones" is not only useful for women to experience orgasm, but also it is fruitful for men to meet their sexual relationship needs. Counselor oriented the client to erotic zones of her body (both genital and non-genital sites). It is noticeable that the sexual skills are developed through marriage life experiences and it is not possible to have those types of concerns at the beginning of marriage. However, couples must know the people who can help them to manage such situations in order to prevent undesirable consequences such as anxiety, and depression, which impact women more than men.

The second counseling session was arranged to receive client's reflection on her performance based on the application of specific suggestions from the first session. Woman declared that she had good feelings and was happy in her sexual relationship but orgasm did not occurred. So, RM gave limited information about orgasm and situations which in them female orgasm may occur and asked client to explain when she experienced orgasm. Counselor declared that female orgasm is defined as a variable and transient peak sensation of intense pleasure that creates an altered state of consciousness. It can be induced through different ways, such as stimulation of the clitoris as one of the methods of female sexual excitement. It facilitates process of orgasm, through stimulation of the vaginal wall (not merely G-spot) during penetration. After this, the client stated that after marriage, she had referred to some specialists such as a gynecologist, a psychologist, and many psychiatrics for solving the problem but she had not receive any reasonable solution. That's why she had decided to research different sources such as papers, books, her social networks, and especially websites and advertisements to manage her problems by herself. Those trials led to discovering G-spot and its importance. After that, she paid more attention to her sexual relationship and recognized that she had rarely experienced so-called orgasm as well as significant amount of fluid ejection from her urethra during intercourse. She believed that the only stimulating method to reach her maximum sexual excitement was G-spot stimulation, which was done manually or during the vaginal intercourse. She declared that that method was very tedious and sometimes impossible. Therefore, she felt that she was different from the other women. That's why she was dissatisfied with her sexual relationships and experienced some feelings as anxiety, aggressiveness, and depression. Finally she withdrew her sexual relationship. Counselor gave limited information about G-spot and female ejaculation [2]. According to some research,

existence of the G-spot and female ejaculation is open to criticism among sexologists, urologists, gynecologists, anatomists, physiologists and other medical professionals and it seems that the debate about these topics will continue. RM described female genital system from anatomical and physiological perspective and emphasized that presence or absence of the G-spot does not play a significant role on the female orgasm. Indeed, counselor tried to normalize client's mentality about the G-spot. Moreover, counselor declared that the existences of the G-spot and female ejaculation are theoretical issues and we need more scientific evidences to prove them. In fact, G-spot can exist as one of the normal variations in female sexual anatomy and its stimulation is not the only way for attainting the female sexual excitement.

In the third counseling session, counselor received again client's reflection about suggestions which were presented in the previous sessions. Client stated that she experienced orgasm in one of her recent sexual relationships but it was mild and very short. So, counselor focused on the other sexual skills training that client can apply in order to experience orgasm. Two weeks after the third session, client reported that she experienced good orgasm compared to the previous weeks. Hence she became interested to re-apply those suggestions in her sexual encounters with her husband.

Discussion

Nowadays, there is an agreement that sexuality has a key role in people's quality of life and it affects human well-being. So, it seems that one of the health care system responsibilities is supplying the appropriate sexual health services for clients.

Case formulation as one element of a hypothesis-testing approach to clinical work contains three levels as assessment, formulation, and intervention. Information obtained during assessment is used to develop a formulation, which is used as the basis for intervention. In doing so, hypothesis about the causes of the patient's disorders and problems is setup. As the treatment proceeds, the therapist doubles back repeatedly to the assessment phase, collects data to monitor both the process and progress of the therapy and uses those data to revise the formulation and intervention as they are needed [18]. This approach is similar to the aim of this study, which focused on training health care practitioners through application of Ex-PLISSIT model in a real sexual counseling case. The reported case is a representative sample of Iranian women, who fail to have appropriate satisfied sexual relationships. The evidence in this case revealed that the patient's most problems such as her sexual concerns and misunderstandings had roots in her insufficient sexual information and somehow had come from informal and invalid educational

recourses. On the other hand, the root of her complaints was her low sexual knowledge. Low sexual knowledge is more common in Iran, as a country with conservative context about sexual issues. In this context, people tend to use informal resources such as websites, social networks, satellite programs, and films to meet their sexual educational needs. However, truthfulness of these recourses is under question and the quality of couple's sexual relationships is threatened by such invalid sources. So, Iranian health care practitioners' empowerment can be useful to provide valid information regarding individual's sexual health needs. In this article, we tried to explain the application of the Ex-PLISSIT model to meet the client's sexual health needs by a practitioner. Client's reflections during and after three counseling sessions demonstrated that the Ex-PLISSIT is a practical model which improved client's sexual health. Indeed, the Ex-PLISSIT model is a useful framework for health care practitioners to meet the sexuality and sexual health care needs of clients. The Ex-PLISSIT model develops dynamic interaction between counselor and client for better perception of client's concerns. It also provides an appropriate framework for screening the problem, which can be solved through the stages of the model. In addition, in order to respond Iranian client's sexual health needs, it is suggested that sexual health care should be merged into the primary health care.

Another threat for Iranian women's sexual health is a strong wave of G-spot amplification through new sexy softwares and some related surgeries, which are advertised in before mentioned invalid resources [4, 19]. Although, the US Food and Drug Administration does not approve these methods [20], the sexual needs , which are created by the mass media advertisements and some invalid scientific resources can be threatening to female sexual health. So, another message of this case presentation is that health care practitioners should pay more attention to the negative effects of these advertisements on the individual's attitude about sexuality and sexual relationship.

This study had some limitations. Although the ideal methodology of to study sexual problems are not case reports, we tried to display how health care practitioners can apply it to meet their client's sexual health needs. There are many health care practitioners that they do not know how they can help people with sexual problems. We presented a case to show the process of application of the Ex-PLISSIT model in step by step solving clients' sexual problems. Therefore, interventional trial is recommended for further studies.

Conclusion

Ex-PLISSIT is a practical and useful model that health care practitioners can apply it to

solve their client's sexual problems. Many sexual concerns or problems which are extracted from lack of knowledge can be solved by this model upon to specific suggestions. This model can clarify the role of health care practitioners in identifying and addressing the sexuality and sexual health needs of their client's. In addition, the Ex-PLISSIT model provides a framework by which the health care practitioners feel most comfortable to identify and meet client's needs with confidence.

Also, another message from the presented case can be a word of caution to the health care practitioners, who are concerning the debate on the existence of the G-spot and female ejaculation and paying more attention to the influence of some information and advertisements about G-spot amplification and perceiving its impact on the female sexual well-being.

Competing interests

Authors declare that they have no competing interests.

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