



NEWSLETTER

MINDSCAPE- WHERE MIND MEETS MATTER

April to June 2024

"PSYCHOSEXUAL WELLNESS IN WOMEN"

Senior Editor : Dr Jyoti Kapoor

Editor : Aishwarya Raj

Asst. Editor : Mehak Thukral

A wellness journey is an invitation to self discipline & self discovery.

Anonymous

NEWS AND VIEWS

INTERNATIONAL

- A study by University of California – San Diego has reported to identify the biochemical changes in our brain that are involved in fear response in absence of any threat.
- Spending time with dogs reduces stress and increases the brain waves associated with relaxation, reports a study by Konkuk University, South Korea.
- Columbia University School of Engineering and Applied Science reported that brain waves travel from back of the brain to front while making memories and reverse happens during retrieval.
- Daniel Kahneman, the man who gave concepts of psychology of economics passes away.

NATIONAL

- Delhi health department reported that bad air quality affects mental health, leading to anxiety and other issues.
- According to the national survey on children's health, it was reported that one in three children under the age of 18 suffer at least one adverse childhood experience.
- Kota institutes to conduct psychological tests fortnightly to assess children's well-being.

Local @MANASTHALI

- On the occasion of International Women's day 2024, Manasthali came up with an exclusive series on women's psycho-sexual wellness.
- The week long Instagram series roped in various experts who built conversations around vaginismus and its various aspects.





Editor's desk



SEXUALLY WELL WOMAN- WHERE IS SHE?

While mental health and wellness is the talk of the town, we often avoid discussing sexual wellness as an important aspect of health and wellbeing due to the age-old bias that exists in our collective psyche. Sexual wellness in women is further convoluted due to the assumption that sex is mostly a masculine need associated with levels of testosterone. Freud faced a lot of flake because of his over emphasis on libido in the psychoanalytic exploration but the truth cannot be ignored that genital stimulation is a phenomena which begins in utero, like excretion, it's as much an instinct as it is pleasurable. Come to think of it, if we didn't enjoy sex, why would we procreate at all. But most women do procreate without enjoying sex. Research shows 10-15 percent women never get orgasm in their lifetime, but it may be just the tip of the iceberg as lack of sexual satisfaction is far higher and minimally reported. Most married women avoid sex because of reasons that are not sexual, partner's lack of care, support, emotional or physical abuse, family dynamics and psycho social circumstances prevent them from acknowledging it as a need once children are born. Several women have sex with their partner as a form of duty or compensation because they neither seek nor enjoy the process. When the issue is explored, many women acknowledge the problem but don't want to work towards a solution because of other priorities. Then there are problems related to fear and anxiety around intercourse, painful intercourse, myths and obsessions associated with sexual practices etc which become even more severe with generalized stress, anxiety and environmental issues so prevalent in today's generation.

Ancient Indian scholars identified fulfillment of sexual needs as important for over-all happiness for both men and women. Maslow's hierarchy of needs puts intimacy as part of love and belongingness stratum following physiological needs and need for safety and security. A major

part of art and literature revolves around the sexual paradigms in society. Research shows the beginning of the genital stimulation in prenatal life as well as its presence through early childhood. The root causes of several psycho sexual dysfunctions of adult women lie in their history, the concepts formed around pleasure and its association with wrong character seen in socio cultural and family environment, lack of adequate education and authentic information, shame and guilt associated with masturbatory practices and over stimulating and exaggerated erotic content available on internet.

It's time that as a society we took the matter seriously and discussed sexual health openly to promote healthier and safe practices for holistic wellness.

Dr Jyoti Kapoor

Sr. Consultant Psychiatrist and Psychotherapist



UNDERSTANDING THE INTERPLAY OF MENTAL AND SEXUAL WELLBEING IN WOMEN

In discussions surrounding women's health, the focus often turns to physical wellness, reproductive health, and general mental wellbeing. However, an aspect that is equally vital yet sometimes overlooked is sexual health. When exploring the concept of sexually well women, it becomes evident that mental health and sexual health are intricately intertwined, each influencing the other in profound ways.

Mental and sexual health are not isolated domains but are deeply interconnected. A woman's mental state can significantly impact her sexual experiences and vice versa. The interplay between these two aspects of health is complex and multifaceted, encompassing various psychological, emotional, and physiological factors.

For sexually well women, there exists a harmonious relationship between their mental and sexual health. They experience a sense of confidence, satisfaction, and pleasure in their sexual encounters, which positively contributes to their overall wellbeing. Conversely, when this harmony is disrupted, it can give rise to a myriad of issues that affect both mental and sexual health.

One of the primary consequences of a discordant relationship between mental and sexual health is the development of sexual dysfunction. Conditions such as low libido, arousal disorders, and pain during intercourse can be exacerbated by underlying psychological issues such as stress, anxiety, depression, or trauma. These mental health concerns can create barriers to intimacy, diminish sexual desire, and impair sexual function, leading to dissatisfaction and distress in both the individual and their relationship.

Moreover, women who struggle with mental health issues may find it challenging to communicate their sexual needs and desires effectively. This lack of communication can result in misunderstandings,

conflicts, and feelings of inadequacy within intimate relationships. Additionally, societal stigma and cultural taboos surrounding both mental health and sexuality may further compound these challenges, preventing women from seeking help and support when needed.

Furthermore, untreated mental health conditions can lead to self-esteem issues, body image concerns, and a diminished sense of self-worth, all of which can negatively impact sexual confidence and enjoyment. Conversely, difficulties in sexual relationships or dissatisfaction with one's sex life can exacerbate feelings of anxiety, depression, and self-doubt, creating a cycle of distress that further undermines mental wellbeing.

Addressing the interplay between mental and sexual health is essential for promoting holistic wellbeing in women. It requires a comprehensive approach that recognizes the interconnectedness of these domains and acknowledges the unique experiences and challenges faced by individuals. This approach involves destigmatizing conversations around mental health and sexuality, providing access to inclusive and non-judgmental healthcare services, and offering tailored interventions that address both psychological and sexual concerns.

By fostering open dialogue, providing education, and offering support, we can empower women to prioritize their mental and sexual health, enhance their overall quality of life, and cultivate fulfilling and satisfying sexual experiences. Ultimately, recognizing and addressing the interplay between mental and sexual wellbeing is essential for promoting the holistic health and happiness of women everywhere.

By
Aishwarya Raj
(Clinical Psychologist)

Insights from the Vedic Lore

'8'

The 'Kama' Culture - Culture of Desire

India is called the land of 'Kamasutra', giving 'Kama' or 'desire' a validation that no other culture could so magnificently give.

Vatsyayana states that the evolution of Kamashastra took place in the hoary past from the Prajapati himself. Vatsyayana has taken inspiration from the works of more than ten predecessors like Babhravya, Gonardiya, Gonikaputra, Carayana, Suvarṇanabha and Auddhalaki on various occasions which signifies that there existed a trustworthy tradition of exploring psychological and physical aspects of human sexuality before Vatsyayana as well. These works have been collectively called 'Kamashastra', a discipline that studies human desire for love and intimacy, endorsing an academic view and a valuable addition to the social aspects of human society.

The term 'kama' appears often in 'Rigveda' and signifies desire in general and sexual desire that leads to creation (as in reproduction) in particular. The famous Nāsadiya Sūkta also known as 'the hymn of creation', narrates the origin of universe through the desire that emerged in the divine consciousness.

कामस्तदग्रे समवर्तताधि मनसो रेतः प्रथमं यदासीत्।
सतो बन्धुमसति निरविन्दन्हृदि प्रतीष्या कवयो मनीषा ॥४॥

In the beginning desire descended on it. That was the primal seed, born of the mind.

The sages who have searched their hearts with wisdom know that which is kin to that and which is not.(10:129:4)

Kama has been accepted as one of the 'Purusharthas' or goals of human life that lead to attainment of spiritual wellbeing, among the 'chatushtyi' namely 'dharma', 'arth', 'kama' and 'moksha'. Kama has been personified as one of the most handsome deity, 'kamadeva' giving desirous pursuits a divine status. The puranas glorify Shiv and Parvati's sexual relationship as a natural instinct born and enjoyed among humans of Godly stature as an expression of their mutual love and devotion. The tradition of tantra identifies techniques of sexual nature to attain enlightenment. Everyone thus has a choice to channelize sexual energy to improve personal and social aspects of life in the Vedic tradition.

Despite having such a unique heritage that displays desire aesthetically even on our ancient temple facades, we still struggle to address these issues in our routine life.

According to Charak Samhita -

धर्मार्थ काम मोक्षाणां आरोग्यं मूलमुत्तमम्।
रोगास्तस्यापहर्तारः श्रेयशो जीवितस्य च॥

धर्म, अर्थ, काम और मोक्ष (पुरुषार्थ चतुष्टय) का मूल आरोग्य ही है। रोग उसी कल्याणकारी आरोग्य (जीवन) को नष्ट कर देते हैं।

The foundation for performing Dharma, Artha, Kama and attaining Moksha is good health (Arogya). Diseases destroy that very foundation. (Charak Samhita, Sutra Sthan 1/15)

So we come a full circle, health is deeply connected to a lifestyle that balances duties and discipline (dharma in the context of social and spiritual goals) with material gain (artha or accumulation of wealth for a comfortable lifestyle) and fulfilment of physical desires and enjoyment through five senses ('kama' as an embodiment of what brings pleasure and satisfaction of urges). An imbalance either through excess of these components or a lack will lead to disease and disease will further disturb the balance making it a vicious cycle. This what we see today in our practice.

Modern psychiatry has long explored the role of sexual desire and its consequent frustration in causing mental and physical illnesses. A fulfilling life leads to happiness and a better capacity to manage physical and psychological stress, much like immunity. It's high time we give due credit to our wise ancestors in acknowledging a well-balanced culture of fulfilment of desires of material and sexual nature through the practical system of 'Varnashram Vyavastha' and address the psychosexual issues by being more accepting of our natural instincts as a road that needs to be happily traversed to achieve self-realisation or moksha, known to be the ultimate goal of human existence.

Dr Jyoti Kapoor

Sr. Consultant Psychiatrist and Psychotherapist

WOMEN'S PSYCHOSEXUAL WELLNESS: BREAKING BARRIERS AND FOSTERING LIBERATION

Empowering women's psychosexual wellness is essential for promoting gender equality, bodily autonomy, and overall well-being.

Challenges faced by women:

Women encounter numerous societal, cultural, and systemic barriers that hinder their psychosexual wellness. These include gender stereotypes, restrictive norms around female sexuality, lack of access to comprehensive sexual education, and limited reproductive healthcare options. Additionally, experiences of trauma, discrimination, and violence can further compound these challenges, affecting women's sense of self-worth and sexual agency.

What can be done?

1. Empowerment Through Education and Awareness:

Empowering women's psychosexual wellness begins with education and awareness. Providing comprehensive sexual education that is inclusive, accurate, and non-judgmental equips women with the knowledge and skills to make informed decisions about their bodies and sexuality. By challenging harmful myths and misconceptions, promoting healthy attitudes towards sex and pleasure, and fostering open dialogue, we can empower women to embrace their sexuality confidently.

2. Advocacy for Rights and Access:

This includes advocating for policies that protect reproductive rights, ensure access to contraception and abortion services, and address issues such as sexual violence and coercion. By amplifying women's voices, supporting grassroots movements, and holding institutions accountable, we can create systemic change that promotes women's psychosexual wellness.

3. Promoting Body Positivity

Central to empowering women's psychosexual wellness is promoting body positivity and self-love. Encouraging women to celebrate their bodies, embrace diversity, and challenge unrealistic beauty standards fosters a healthy

relationship with oneself and enhances sexual confidence. By promoting self-care practices, mindfulness, and acceptance, we can empower women to prioritize their pleasure and well-being.

It can be concluded that:

Empowering women's psychosexual wellness is a multifaceted endeavour that requires collective action, awareness, and advocacy. By breaking down barriers, challenging norms, and fostering a culture of empowerment and liberation, we can create a world where women feel empowered to explore, express, and enjoy their sexuality freely and without shame. It is through education, advocacy, and solidarity that we can truly empower women to reclaim ownership of their bodies and sexuality.

By **Mehak Thukral**

Psychologist



Human sexuality is complex and is influenced by various factors including the physical and psychological aspects and cultural and social norms.

Sexual problems that are predominantly psychological in origin are called psychosexual disorders. The development of such disorders can be attributed to multiple factors either alone or in combination, such as general health and well-being of the person, chronic illnesses, psychiatric or psychological disorders and socio-cultural factors.

The psychological component may arise due to:

- 1) Overthinking/ worrying about the act- guilt, stress, anxiety- including performance anxiety, nervousness, worry, fear
- 2) Body image issues- distorted body image, body shaming, bullying, depression
- 3) Past trauma/ experiences- physical or emotional trauma, sexual abuse, or unpleasant sexual experiences
- 4) Improper sex education and lack of communication- ignorance, misinformation, superstition, opinion and attitude of family or religion towards sex and sexual practices and the openness and willingness to talk about sexual health/ wellbeing (for example, the attitude that sex is dirty, sinful, or a shame)
- 5) The relationship with the partner including emotional intimacy and trust- marital discord or intimate partner violence, lack of trust, etc.

Though the psychological component is predominant in psychosexual disorders, sometimes, one condition may lead to another, for example dryness of vagina can cause painful sex which can lead to low sex drive or vaginismus. Besides the psychological causes and chronic diseases, some gynaecological conditions can lead to female sexual dysfunction as well:

- Physical problems- chronic disease, pelvic infections, involuntary leakage of urine or faeces, some heart and kidney related conditions, following traumatic childbirth or vaginal injury, endometriosis, female genital mutation, etc.
- Hormonal imbalance- during various life phases like childbirth, lactation, perimenopause and menopause and due to some medical conditions– like hyperprolactinemia, polycystic

- ovarian syndrome (PCOS), hypogonadism, etc.
- Secondary to cancer treatment- especially pelvic radiotherapy and brachytherapy which can cause vaginal fibrosis (excessive scar tissue) which makes the vagina narrow and dry and hence penetration becomes difficult and painful and at times impossible. Extensive pelvic surgery in some gynaecological malignancies can also lead to damage to some pelvic nerves which can make arousal and sexual gratification difficult. Some chemotherapy drugs and radiotherapy can also cause premature ovarian failure and induce early menopause, causing sexual health concerns.

Psychosexual disorders in women can be classified into four broad categories based on the phase of sexual response cycle that they happen in:

- 1) Desire disorders- Female hypoactive sexual desire disorder- lack of sexual desire or interest in sex.
- 2) Arousal disorders- Female sexual arousal disorder- reduced excitement, sensation, or pleasure during sexual activity
- 3) Orgasm disorders- Female orgasmic disorder- persistent or recurrent delay in or absence of orgasm following sexual arousal and adequate sexual stimulation. To diagnose female orgasmic disorder, the symptoms must cause marked distress or interpersonal difficulty.
- 4) Pain related problems-
 - Dyspareunia- lasting or recurrent genital pain that occurs just before, during or after sex.
 - Vulvodynia- long-term pain or discomfort around the outer part of the female genitals, called the vulva. It lasts at least three months and has no clear cause.
 - Vaginismus- involuntary contraction of the vaginal muscles whenever vaginal penetration is attempted, at times even at the thought of penetration. This can make vaginal intercourse painful, difficult and at times even impossible.

Desire and arousal disorders together are called female sexual interest/ arousal disorder (FSIAD). According to the DSM-5, a person must have three of the following symptoms to have FSIAD:

- Reduced or no interest in sex

- Few or no thoughts about sex
- Decreased sexual arousal or pleasure during sexual activity
- Reduced or no arousal in response to visual, written, or verbal cues
- Infrequent or no initiation of sexual activity within a relationship
- Reduced or no sensations in the genitals

They must also have:

- Symptoms lasting 6 months or more
- Significant distress about their symptoms
- Symptoms that are not more accurately explained by a non sexual mental health disorder, domestic abuse, medication, substance abuse, or another medical condition

The treatment for most of these disorders involves a multidisciplinary approach involving psychiatrists, psychologists, gynaecologists and at times

physiotherapists. The treatment varies from counselling, behavioural therapies and lifestyle changes to pharmacotherapy and hormonal therapies.

Sexual well being is a very important part of your general well-being and should not be ignored. In a society like ours where talking about sex is considered taboo by the majority it is important to discuss any concerns that you have related to your sexual health and well-being with your doctor without hesitation.

Dr. Ankita Mittal is a gynaecologist based in Gurgaon. She runs her own clinic at Impact Doctor's Hub, Paras Trinity, Sec-63. She takes pride in being inclusive, progressive, non judgmental and evidence based in her approach. Recently she has launched "Adrita" an initiative for the health and well-being of women 40 and beyond.

Self-help tip:

A self-help tip for promoting the interplay of mental and sexual wellbeing in women is to prioritize self-care practices that nurture both aspects of health simultaneously. One effective strategy is mindfulness meditation, which can help cultivate awareness of thoughts, emotions, and bodily sensations related to both mental and sexual experiences.

Here's a simple mindfulness exercise tailored for enhancing mental and sexual wellbeing:

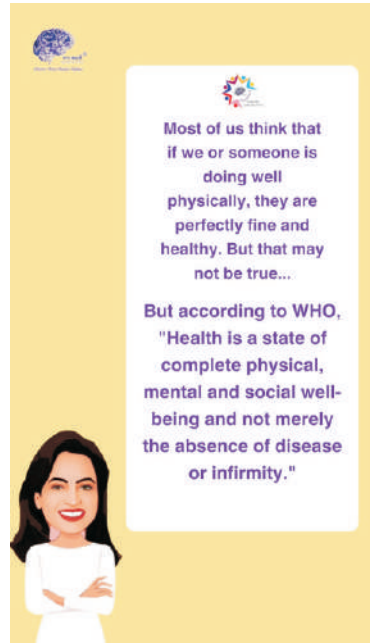
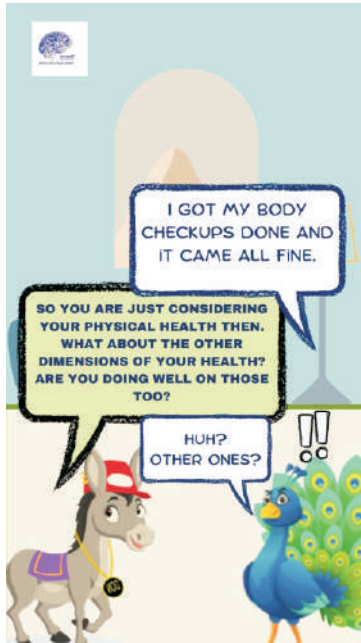
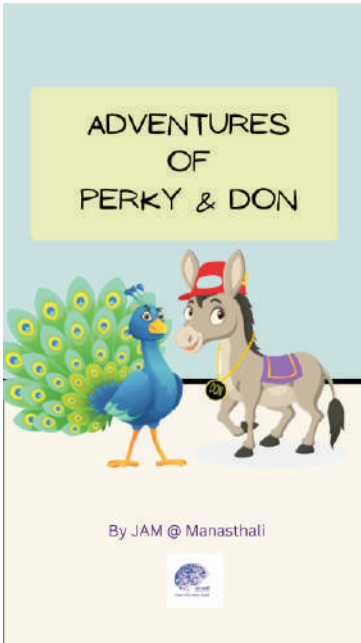
1. Find a quiet and comfortable space where you won't be disturbed.
2. Sit or lie down in a relaxed position, close your eyes, and take a few deep breaths to center yourself.
3. Begin by bringing your attention to your breath, noticing the sensation of air entering and leaving your body.
4. Gradually expand your awareness to include sensations in your body, starting from your head down to your toes. Notice any areas of tension or discomfort without judgment.
5. As you continue to breathe mindfully, gently redirect your attention to any thoughts or

emotions that arise, acknowledging them without getting caught up in them.

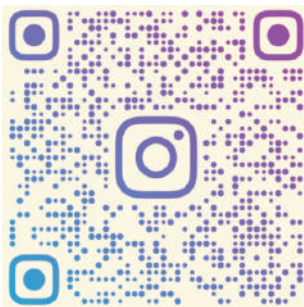
6. Now, shift your focus to your senses, paying attention to any sounds, smells, tastes, or tactile sensations in your environment.
7. With a gentle and compassionate attitude, explore any feelings or desires related to your sexuality that may arise during the practice. Allow yourself to fully experience these sensations without judgment.
8. Conclude the practice by bringing your attention back to your breath, taking a few more deep breaths, and gradually opening your eyes.
9. Take a moment to reflect on your experience and any insights gained during the practice.

By incorporating mindfulness meditation into your daily routine, you can cultivate a greater sense of self-awareness, enhance emotional regulation, reduce stress and anxiety, and increase present-moment awareness—all of which contribute to improved mental and sexual wellbeing.

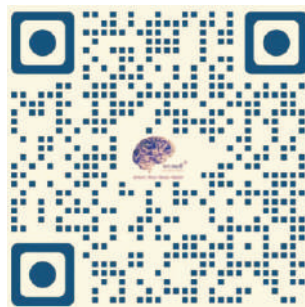
By **Aishwarya Raj**



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