Behavior Therapy of a Patient with Genital Cancer, Somatoform Disorder and Dyspareunia

The present case study describes a behavior therapy with 30 treatment sessions for a patient with genital cancer, somatoform disorder and dyspareunia. On the basis of a bio-psychosocial model, daily pain appraisals and relaxation techniques were used. Treatment procedures to reduce depressive symptoms involved cognitive strategies, diary method, pleasure scales and resource acquisition. The patient repeatedly described her feelings of sadness, hopelessness and fear in respect to her cancer. On the basis of her sexual history ‘sensate focus’ treatment was gradually introduced. The patient underwent role-play and performance feedback of conflict situations with her husband who was partially involved in the psychotherapy. The patient was able to accomplish the set objectives to a great extent after 30 treatment sessions: The vaginal pains and the depressive symptoms strongly decreased. The patient describes herself as being more encouraged, shows more interests and is more active even outside of her family. Through the instructions she was able to acquire practical knowledge which helped her experience a more fulfilling sexual life. Having completed treatment the couple now talks about feelings and needs more often. The patient also learned to stand up more to her husband and children. Finally, she was able to deal with her fears...
about her genital cancer, especially regarding her fear of pain and death. The evaluation of the
therapy progress reflects these changes: The scores obtained from the Beck-Depression-Inventory
(BDI) and the Symptom-Checklist (SCL 90-R) had decreased to normal range at the end of the
therapy (BDI: 8; SCL 90-R: GSI: 0.49; T-score: 55) compared to scores at the beginning of the
treatment (BDI: 26; SCL 90-R: GSI: 0.92; T-score: 67). In conclusion the study emphasizes the
importance of offering psychosomatic treatment to gynecological patients.