



Review Article

Systemic couple therapy in addressing psychosexual issues in Indian marriages

Neeraj M S

PhD Scholar (Psychiatric Social Work), Department of Psychiatric Social Work, NIMHANS, Bangalore, Karnataka, India

Date of Submission:

31 August 2024

Date of Acceptance:

29 October 2024

Keywords:

Couple therapy, Systemic therapy, Indian culture, Sexual myths, Cognitive behavioral therapy, Emotionally focused therapy, Aging, Sexuality

Abstract

Psychosexual issues significantly impact the quality of marital relationships. These conditions, often exacerbated by cultural taboos and a lack of open communication, pose challenges to both couples and therapists. This viewpoint paper explores the role of systemic couple therapy in addressing these issues within the Indian cultural context. This paper highlights the importance of culturally sensitive interventions by examining therapeutic approaches such as cognitive behavioral therapy (CBT), emotional-focused therapy (EFT), and psychodynamic therapy. The discussion includes insights into the challenges faced by therapists, the influence of cultural myths and societal norms, and the need for a more comprehensive approach to psychosexual therapy in India.

Introduction

Psychosexual issues in marriages are a global concern, but they take on unique dimensions within specific cultural contexts. In India, where sexual matters are often shrouded in secrecy and stigma, conditions such as erectile dysfunction and vaginismus can severely affect marital satisfaction and stability. This paper explores how systemic couple therapy can effectively address these issues,

considering the complex interplay of cultural, psychological, and relational factors. Systemic couple therapy, with its focus on understanding relationships within a broader context, offers a promising approach to dealing with psychosexual issues in marriages. This therapy not only addresses the immediate sexual dysfunctions but also considers the cultural, emotional, and psychological factors that contribute to these issues.^[1] This paper provides a viewpoint on how systemic therapy, alongside other therapeutic approaches like CBT and EFT, can be adapted to the Indian context to help couples navigate these sensitive issues. Erectile dysfunction (ED) is one of the most common sexual dysfunctions affecting men globally. In India, it is often linked to a range of psychological and cultural factors that exacerbate the condition. According to a systematic review behavioral factors such as smoking, alcohol consumption, and a lack of physical activity are significant contributors to Erectile Dysfunction.^[2]

Corresponding author: Neeraj M S

Email: neerajkoottukaran@gmail.com

How to cite the article: . Neeraj MS. Systemic couple therapy in addressing psychosexual issues in Indian marriages. Indian Journal of Health, Sexuality and Culture. 2024;10(2):39-44.

DOI: 10.5281/zenodo.14756638

This article is distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

These factors are often compounded by psychological issues such as anxiety, depression, and low self-esteem, which are prevalent in a society where discussing sexual health is taboo. The stigma associated with ED in India often prevents men from seeking help, leading to a cycle of denial and worsening symptoms. In many cases, the condition is perceived as a loss of masculinity, further complicating the emotional dynamics within a marriage.^[3] The societal pressure on men to perform sexually, coupled with a lack of open communication between partners, exacerbates the issue. Vaginismus, characterized by involuntary muscle spasms that prevent vaginal penetration, is another psychosexual issue that significantly impacts marital relationships. In the Indian context, vaginismus is often linked to a lack of sex education, deeply ingrained cultural taboos around female sexuality, and the fear of pain associated with intercourse.^[4] Societal expectations of women further complicate the condition to fulfil their roles as wives and mothers, often leading to feelings of guilt, shame, and inadequacy. These emotional burdens, combined with the physical discomfort of vaginismus, can lead to a breakdown in communication and intimacy within a marriage. The lack of awareness and appropriate clinical management of vaginismus in India often results in prolonged suffering for women and their partners.^[5,6]

The Indian cultural context plays a significant role in shaping attitudes toward sexuality and, by extension, psychosexual issues. Traditional Indian society is characterized by conservative values and rigid gender roles, where discussions about sex are often avoided, and sexual education is minimal. This cultural backdrop contributes to the prevalence and persistence of psychosexual issues such as ED and vaginismus. A significant barrier to managing psychosexual issues in India is the prevalence of sexual myths and misconceptions. For instance, the belief that sexual performance is directly linked to a man's masculinity can exacerbate the anxiety associated with ED. Similarly, the fallacy that women should not express sexual desires can contribute to the development of vaginismus, as women may internalize feelings of guilt and shame associated with sexual activity.^[7] These myths are perpetuated by a lack of comprehensive sex education, which

leaves many individuals with little sense of their own bodies and sexual health. As a result, couples often enter marriage with unrealistic expectations and finite knowledge, which can lead to frustration and conflict when faced with psychosexual issues. In India, marriages are not just unions between individuals but are deeply embedded within a broader familial and societal framework. The anticipations and pressures from extended family members, coupled with societal norms, can exacerbate the anxiety associated with psychosexual issues. For example, the coercion to produce offspring can add to the stress experienced by men with ED and women with vaginismus, further complicating their sexual relationships. Systemic couple therapy, which considers the broader relational context, is well-suited to addressing these issues. By considering both partners and considering the influence of family and societal expectations, systemic therapy can help couples steer the complex dynamics that contribute to psychosexual dysfunctions.^[8]

Therapeutic approaches to psychosexual issues

Systemic couple therapy

Systemic couple therapy focuses on understanding the relational dynamics that contribute to psychosexual issues.^[1] In the Indian context, this approach is particularly relevant, as it allows therapists to analyse the cultural and societal influences on a couple's sexual relationship. One of the critical principles of systemic therapy is that problems within a relationship are not isolated but are part of a more extensive system of interactions. This approach enables couples to view their sexual issues not as individual failures but as part of a broader relational dynamic. For example, ED in a man may be related to stress and anxiety related to societal expectations of masculinity. At the same time, vaginismus in a woman may be connected to feelings of shame and fear rooted in cultural taboos. Systemic therapy also emphasizes the importance of communication and emotional intimacy in settling psychosexual issues. By fostering open dialogue between partners, therapists can help couples break down the obstacles that contribute to sexual dysfunction and work towards a more satisfying and fulfilling sexual relationship.^[9]

Cognitive behavioral therapy

Cognitive Behavioral Therapy (CBT) is another practical approach for addressing psychosexual issues, mainly when these problems are linked to negative thought patterns and behaviors.^[10] CBT focuses on identifying and altering the cognitive distortions that contribute to sexual dysfunctions such as ED and vaginismus. For example, a man with ED may harbor irrational beliefs about his sexual performance, such as the idea that any failure to achieve an erection is a sign of inadequacy. These thoughts can create a cycle of anxiety and stress that further exacerbates the problem. Through CBT, the therapist can help the individual challenge these beliefs and develop healthier, more realistic perspectives on sexual performance.^[11] Similarly, women with vaginismus may hold beliefs that sex is inherently painful or dangerous, leading to a fear of penetration. CBT can be used to address these fears by gradually exposing the individual to the idea of penetration in a controlled and supportive environment, helping to reduce anxiety and build confidence.^[11]

Emotionally focused therapy

Emotionally Focused Therapy (EFT) is a therapeutic approach that strengthens the emotional bonds between partners. This approach is efficient in handling psychosexual issues that are rooted in emotional disconnection or unresolved conflicts within the relationship.^[12] EFT helps couples explore their underlying emotions and attachment needs, which are often at the core of psychosexual issues. For example, a woman with vaginismus may struggle with feelings of vulnerability and fear of rejection, which can be displayed as physical discomfort during intercourse. By addressing these emotional issues, EFT can help the couple build a stronger emotional connection, which in turn can lead to improvements in their sexual relationship.^[13]

In the Indian context, where emotional expression is often suppressed, EFT can be a powerful tool for helping couples reconnect on both an emotional and sexual level. By fostering a safe and supportive environment, therapists can enable couples to express their emotions and work through the underlying problems that contribute to their psychosexual dysfunctions.

Psychodynamic therapy

Psychodynamic therapy explores unconscious motivations and past experiences that influence current relationship dynamics. This approach is beneficial in cases where psychosexual issues are linked to deep-seated emotional conflicts or unresolved trauma.^[14] For example, a man with ED may have experienced trauma or rejection in his early life, which has left him with feelings of inadequacy and fear of intimacy. Psychodynamic therapy can help the individual explore these underlying issues and work through the emotions that contribute to his sexual dysfunction.^[15] Similarly, a woman with vaginismus may have experienced sexual abuse or other forms of trauma that have led to a fear of penetration. Through psychodynamic therapy, the therapist can assist the individual in processing these experiences and developing a healthier relationship with her sexuality. In the Indian context, where discussions of past trauma and emotional issues are often avoided, psychodynamic therapy can deliver a valuable space for individuals to explore their inner world and work towards healing.

Challenges and considerations for therapists

Cultural sensitivity and competence

One of the primary challenges for therapists working with Indian couples on psychosexual issues is the need for cultural sensitivity and competence. Given the strong influence of cultural norms and societal expectations on sexual behavior, therapists must be attuned to the cultural context in which their clients operate.

For example, a therapist working with a couple facing ED may need to consider the cultural pressures on the man to perform sexually and the impact of these pressures on his self-esteem and anxiety levels. Similarly, when working with a woman with vaginismus, the therapist must be aware of the cultural taboos surrounding female sexuality and how these taboos may contribute to the condition.

Cultural competence also involves understanding the role of the extended family and community in the couple's relationship. In many Indian families, marital issues are not just the concern of the couple

but involve input and pressure from parents, in-laws, and other relatives. Therapists must navigate these dynamics carefully, ensuring that they respect cultural values while advocating for their clients' well-being.

Building trust and comfort

Establishing trust and comfort is crucial in any therapeutic relationship, but it is essential when addressing psychosexual issues. In the Indian context, where discussions of sex are often considered taboo, clients may be hesitant to open up about their sexual problems.

Therapists can build trust by creating a safe, non-judgmental environment where clients feel comfortable discussing their concerns. This may involve a gradual approach, starting with less sensitive topics and slowly building up to more intimate issues. Additionally, involving a co-therapist of the opposite gender can help clients feel more comfortable and understood, particularly in cases where gender dynamics play a significant role in the psychosexual issues being addressed.

Suitability assessment for systemic couple therapy in ageing couples with psychosexual issues

The suitability of systemic couple therapy for couples with psychosexual issues should be assessed based on several factors: the couple's openness to therapy, their communication dynamics, cultural background, and the severity of psychosexual dysfunction. A comprehensive assessment would include evaluating the couple's emotional connection, willingness to address sensitive topics, and the presence of underlying psychological issues. Cognitive distortions, societal myths, and family influences must also be considered to determine if the therapy will be effective. Age, physical health, and relational history can also affect the appropriateness of the intervention.^[16] Systemic couple therapy, as well as other interventions like Cognitive Behavioral Therapy (CBT), Emotionally Focused Therapy (EFT), and Psychodynamic Therapy, can be adapted to various age groups, but their suitability depends on the specific needs and challenges of the couple. While systemic therapy can be broadly applied to couples across different stages of life, its

effectiveness in addressing psychosexual issues is particularly significant for aging couples due to the unique challenges they face.^[12] For younger couples, therapy may focus more on resolving relational dynamics and communication barriers, while in older couples, the emphasis might shift toward emotional intimacy, psychological well-being, and sexual health. The therapist must tailor the therapeutic approach to align with the couple's life stage, taking into account their physical, emotional, and relational challenges.^[13]

Psychodynamic therapy, particularly when combined with systemic approaches, offers a powerful framework for addressing psychosexual issues in couples. The following target domains illustrate its relevance:

- 1. Emotional regulation and past trauma:** Aging individuals may experience unresolved issues from their past, such as childhood trauma or feelings of rejection, which can resurface in later life, especially in the context of declining physical capabilities.^[15] Psychodynamic therapy helps bring these unconscious conflicts to the surface, facilitating a deeper understanding of how past experiences influence current sexual and relational dysfunctions.^[16] This is especially important for individuals who have internalized cultural taboos surrounding sexuality in old age.^[17]
- 2. Repressed desires and guilt:** In the Indian cultural context, aging is often associated with a transition away from physical desires toward spiritual pursuits.^[4] Psychodynamic therapy helps individuals confront the guilt or shame associated with continuing sexual desires, offering a safe space to re-examine these repressed needs. By addressing these internal conflicts, the therapy allows couples to redefine their sexual relationship in a way that aligns with their current life stage and cultural setting.^[18]
- 3. Attachment and dependency issues:** Psychodynamic therapy explores attachment styles that developed earlier in life and how they manifest in later years.^[5] For aging couples, where emotional dependency and fear of abandonment may become more pronounced, the therapy works on re-establishing a secure

emotional bond, which can help sustain sexual intimacy despite physical changes.^[6] This renewed emotional connection is essential for maintaining sexual health and relationship satisfaction in older age.^[13]

Hypothetical case illustrations

Case illustration 1: Erectile dysfunction in an urban Indian couple

Background: The male client, a 35-year-old professional, presented with erectile dysfunction that had been ongoing for two years. The client reported high levels of stress at work and significant pressure from his family to have children. The couple had been married for five years and had not yet conceived, leading to additional stress and conflict in the relationship.

Therapeutic approach: The therapist used a combination of CBT and systemic therapy to address the client's ED. CBT was used to challenge the client's negative thoughts about his sexual performance and reduce anxiety. Systemic therapy was employed to explore the broader relational dynamics, including the impact of family pressure and work-related stress on the client's sexual health.

Outcome: Over the course of 12 sessions, the client reported a significant reduction in anxiety and an improvement in his sexual function. The couple also reported improved communication and a greater sense of emotional intimacy.

Case illustration 2: Vaginismus in a traditional Indian marriage

Background: The female client, a 28-year-old homemaker, presented with vaginismus, which had prevented consummation of the marriage. The client reported a fear of pain associated with intercourse, which she attributed to a lack of sex education and cultural taboos around female sexuality.

Therapeutic approach: The therapist used a combination of EFT and psychodynamic therapy to address the client's vaginismus. EFT was used to strengthen the emotional connection between the couple, while psychodynamic therapy helped the

client explore and work through her fears and anxieties related to sex.

Outcome: After 15 sessions, the client reported a reduction in fear and anxiety related to intercourse, and the couple was able to consummate the marriage. The couple also reported an improvement in their overall relationship satisfaction.

Conclusion

Systemic couple therapy offers a valuable approach to addressing psychosexual issues in Indian marriages, particularly when combined with other therapeutic approaches like CBT, EFT, and psychodynamic therapy. By considering the cultural and societal context in which these issues arise, therapists can provide more effective and sensitive interventions. However, there is a need for more research and exploration in this area. The complexities of psychosexual issues in the Indian context require a nuanced understanding of cultural, psychological, and relational dynamics. Future research should focus on developing culturally specific therapy models and exploring the effectiveness of different therapeutic approaches in treating psychosexual issues in diverse settings.

Acknowledgment: None

Conflict of interest: None

References

1. Crowe M, Ridley J. Therapy with couples: A behavioural-systems approach to couple relationship and sexual problems. John Wiley & Sons; 2008 Apr 15.
2. Sivaratnam L, Selimin DS, Abd Ghani SR, Nawi HM, Nawi AM. Behavior-related erectile dysfunction: a systematic review and meta-analysis. *The Journal of Sexual Medicine*. 2021;18(1):121-43.
3. Earp BD, Chambers C, Watson L. *The Routledge handbook of philosophy of sex and sexuality*. Routledge; 2022 May 23.
4. Giritharan S. Socio-cultural perspectives, challenges, and approaches to sexual health in the Indian subcontinent. *Cultural Differences and the*

- Practice of Sexual Medicine: A Guide for Sexual Health Practitioners. 2020;39-61.
5. Deacon S, Minichiello V, Plummer D. Sexuality and older people: Revisiting the assumptions. *Educational Gerontology: An International Quarterly*. 1995 ;21(5):497-513.
6. Pithavadian R, Chalmers J, Dune T. The experiences of women seeking help for vaginismus and its impact on their sense of self: an integrative review. *Women's Health*. 2023;19: 17455057231199383.
7. Young-Eisendrath P. Women and desire: Beyond wanting to be wanted. Chiron Publications; 2023 Feb 8.
8. Hertlein KM, Weeks GR, Gambescia N, editors. *Systemic sex therapy*. New York: Routledge; 2009.
9. Kaplan HS. *New sex therapy: Active treatment of sexual dysfunctions*. Routledge; 2013 Oct 28.
10. Birchard T. *CBT for compulsive sexual behaviour: A guide for professionals*. Routledge; 2015 May 15.
11. Nasrallah-Babenko M. *The Integrated Guide to Treating Penetration Disorders in Women: Transforming Sexual Relationships from Fear to Confidence*. Routledge; 2021 Nov 22.
12. Morgis BL, Ewing ES, Liu T, Slaughter-Acey J, Fisher K, Jampol R. A hold me tight workshop for couple attachment and sexual intimacy. *Contemporary Family Therapy*. 2019;41:368-83.
13. Greenberg LS. *Emotionally focused therapy for couples*. Guilford Press; 1988.
14. Messer SB, Warren CS. *Models of brief psychodynamic therapy: A comparative approach*. The Guilford Press, New York, 1998.
15. Choudhury TK, John KC, Garrett RK, Stagner BH. Considering psychodynamic therapy for older adults. *Psychodynamic Psychiatry*. 2020 ;48(2):152-62.
16. Scharff DE, Scharff JS. *Object relations couple therapy*. Jason Aronson; 2000.
17. Debanjan B, Sathyanarayana RT. "Love in the later years...": perceptions of sex and sexuality in older Indian adults-a qualitative exploration. *Consortium Psychiatricum*. 2022;3(1):61-74.
18. Lambert MJ, editor. *Bergin and Garfield's handbook of psychotherapy and behavior change*. John Wiley & Sons; 2013 Jan 14.