A CBT Sexual Health Toolkit

# CBT TOOLS FOR PAINFUL SEX

Pain during sex is real, common, and treatable. The tools here ease the fear and tension that build on top of pain, so they can work alongside your medical care and physical therapy, not instead of them.

**Start with your body**

Pain during sex almost always has a physical dimension (infection, skin conditions, hormonal changes, endometriosis, pelvic floor muscle tension) that needs evaluation. Please see gynecology and a pelvic floor physical therapist before treating this as psychological.

**Do not push through pain**

Pain is information, not an obstacle to power through. Pushing past it teaches the body to brace harder. Go at your own pace, and stop when you need to.

### The Fear-Avoidance Loop

Sexual pain runs on a loop: pain leads to anticipating pain, which leads to muscle guarding and pelvic floor tension, which creates more pain, which leads to avoidance. The CBT work eases the fear and the guarding so the body can settle. The loop, not a fault in you, is what keeps it going.

## YOUR TOOLS

These are the core cognitive-behavioral and sex-therapy tools for painful sex. They work best set up with a therapist, and alongside gynecology and pelvic floor physical therapy. Pick the ones that fit and keep them close.

### Soften the pain-catastrophizing thought

Catch the prediction that raises the guarding ("this will always hurt," "something is really wrong with me") and rewrite it into something more accurate and kinder. Fear amplifies pain, so easing the fear eases the body.

### Relax and down-train the pelvic floor

Slow breathing and relaxation reduce the muscle guarding that drives the pain. Pelvic floor physical therapy is a first-line partner to this work; ask your provider for a referral.

### Bring in mindfulness

Evidence-based mindfulness programs, like the one in Lori Brotto's Better Sex Through Mindfulness, reduce anticipatory fear and return attention to present sensation instead of bracing for pain. This is one of the best-supported psychological approaches for genital pain.

### Go slow and stay in charge

Work in small, graded, consent-based steps, at your pace and with your signals, with a partner who follows your lead. You are always allowed to slow down or stop.

### Take the goal off the table (sensate focus)

Taking intercourse off the table for a while lets touch happen without the threat of pain. With no goal to reach, the body has room to settle. This Masters and Johnson approach is best set up with a therapist.

### Communicate before, during, and after

Agree on a pause signal in advance, and share what helped afterward. A partner who responds to a signal without disappointment makes it safe for the body to stay soft.

### Rule out the body first

Pain during sex almost always has a physical dimension. Keep working with gynecology and pelvic floor physical therapy. The mind work and the medical work are partners, not rivals.

## WORKSHEET: YOUR PAIN THOUGHT RECORD

Fear amplifies pain, so softening the frightened thought softens the guarding. After a moment when the pain or the fear of it showed up, fill in a row. You will start to see the same predictions, and the balanced version gets easier to reach.

| # | THE SITUATION | THE FRIGHTENED THOUGHT (RATE 0–100) | A MORE BALANCED THOUGHT |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

## WORKSHEET: YOUR COMFORT LADDER

List touch and activities from the most comfortable at the bottom to the most anxiety-provoking at the top, and rate the distress of each. Work up the ladder slowly, one rung at a time, only moving on when a rung feels genuinely easy. Build this with your therapist.

1 _____ distress 0–10 ___

2 _____ distress 0–10 ___

3 _____ distress 0–10 ___

4 _____ distress 0–10 ___

5 _____ distress 0–10 ___

6 _____ distress 0–10 ___

## RELAXATION & PRACTICE LOG

A calmer body guards less. Track short relaxation or pelvic-floor down-training practices and how your body felt after.

| # | DAY | PRACTICE & MINUTES | HOW MY BODY FELT AFTER |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

## WORKSHEET: YOUR BODY-SAFETY SIGNALS

Deciding your signals in a calm moment, in advance, makes it easier to honor them in the moment. Fill in what green, yellow, and red look and feel like for you.

**GREEN** my signals (feels safe, keep going):

**YELLOW** my signals (slow down, check in):

**RED** my signals (stop):

## YOUR COMMUNICATION SCRIPT

**Before — what I want my partner to know:**

**During — my signal to pause or stop is:**

**After — what helped, and what I need next time:**

## GO DEEPER: THE BOOKS REFERENCED HERE

> **When Sex Hurts — Andrew Goldstein, MD.**
> The medical and multidisciplinary picture of sexual pain, including dyspareunia and vaginismus.

> **Better Sex Through Mindfulness — Lori Brotto, PhD.**
> An evidence-based mindfulness program for desire, arousal, and chronic genital pain (ABCT Self-Help Seal of Merit).

### Sources & attribution

These tools draw on established cognitive-behavioral and sex therapy approaches, including Masters and Johnson (sensate focus), the fear-avoidance model of pain, and mindfulness-based interventions for sexual pain, together with the authors listed above. This is an educational reflection tool, not a reproduction of any book and not therapy itself. My Mental Climb is an independent practice and is not affiliated with or endorsed by these authors or publishers. It is not a substitute for medical care, physical therapy, or psychotherapy.

**Painful sex is common, and it is treatable.** You are not broken, and you do not have to work it out alone. If you want help alongside your medical care, a free consult is a confidential place to start.

Educational only, not therapy or medical care.