

Porterbrook Clinic

Sheffield Care Trust

Sexual Growth **For Women**

Overcoming Vaginismus

Information for Users of our service

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What is vaginismus?

Vaginismus is an involuntary spasm of the muscles surrounding the lower third of the vagina, which happens when an affected woman anticipates that her vagina is going to be penetrated.

Primary vaginismus is where the woman has never experienced vaginal penetration of any kind. In *secondary* vaginismus, a woman will have previously experienced penetration, but subsequently this becomes painful or impossible. *Situational* vaginismus means the spasm occurs in some situations but not in others.

What causes vaginismus?

Vaginismus is usually considered to be a fearful, phobic response to something that the woman believes will be unpleasant or painful. Many factors can set up this fear response. For some women it will be based on false beliefs and misinformation, such as:

- Mistaken beliefs about her body, such as that her vagina is too small or has no opening at all
- If a woman has heard an exaggerated account of how painful first-time intercourse is.

In other cases, the fear may have more basis in fact or previous experience, for example:

- If a woman's first experience of a cervical smear is an unpleasant one, perhaps because the clinician does not take sufficient time and care, she may imagine that all future episodes will be similarly upsetting; the same can be true if the first experience of sexual intercourse is a bad one.
- If a woman comes from a culture where female genital mutilation is practised, she may have grown up hearing realistic stories about how painful and traumatic intercourse can be for a woman who has been mutilated in this way.

Other factors that can trigger vaginismus include:

- A previous sexual trauma, such as a rape, or being sexually abused as a child
- Negative messages about sex or the body, leading to beliefs that sex is shameful or wrong, often linked to strict religious beliefs
- Medical conditions (such as vulvodynia) which can make the vulval area very sore to the touch

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- Being in a sexual relationship with someone whom she fears or dislikes
 - Fear of pregnancy or childbirth.

What effect does it have?

At a physical level, the spasm makes the vaginal entrance so constricted that it is effectively closed, and any attempts at penetration are experienced as a ripping, burning or stinging pain. In primary vaginismus, the woman is unable to use a tampon or to have a gynaecological examination such as a smear test; clearly, this could have a detrimental effect on her health. It also means that having sexual intercourse is impossible, although she may be able to enjoy other forms of sexual activity, including orgasm.

On a psychological level, women with this problem often suffer painful feelings of being inadequate as a woman and as a lover. If she is single, the problem may affect her confidence to date and undermine her efforts to form long-term relationships. Some women do not discover the problem until after marriage; many women and their partners imagine it will be cured by getting married. Unfortunately, without treatment, it is not unusual for the

difficulty to persist for years or even decades, and the inability to have intercourse can cause the woman and her partner great unhappiness and frustration. This may lead to anger and resentment in the relationship. Male partners will often develop their own sexual problems (such as erectile difficulties) as a result of repeatedly attempting, and failing, to have intercourse.

It is also likely to mean that the couple is unable to have children, and if having a family is important to them, this can add considerably to their distress. Indeed, the desire to have children is often the spur that causes a couple to seek treatment.

How is vaginismus treated?

Many couples are embarrassed to seek treatment, feeling that they are the only people in the world with this problem, and seeing it as a humiliating failure. Let us reassure you: this is not a rare problem, and here at the Porterbrook Clinic we have plenty of experience of treating it, usually with complete success. If you believe you have vaginismus, you can ask your GP to refer you to the Clinic for treatment. As with

all sexual problems, if you have a sexual partner we would encourage him or her to attend with you, so that we can work on the problem together.

In the first instance, your therapist will take a detailed history to find out as much as possible about the problem, and when it occurs. If your therapist believes there may be another medical problem involved (such as vulvar vestibulitis) that could be causing the vaginismus or making it worse, she will arrange for you to be examined by one of the medical team who can prescribe any necessary treatment.

Otherwise, the therapy will involve three main elements:

1. Dealing with any educational needs or false beliefs that are contributing to the difficulty;
2. Teaching you how to take control of the phobic reaction;
3. Tackling any background issues that are keeping the problem going.

Let's take a look at these elements in more detail:

Dealing with false beliefs

Your therapist will want to find out about any erroneous beliefs you may have about your body or about sexual intercourse. Here are a couple of common myths:

- Many women with vaginismus believe their vaginas are too small to allow penetration, perhaps because they cannot feel a space inside them. In fact, the vagina has been called a "potential space". Although anatomical drawings usually show it as an open canal, in fact, when at rest, the walls of the vagina lie touching each other. The essential thing to remember is that the walls of the vagina separate to make room for something entering it (think a sock expanding as you put your foot into it) - this is how a baby is able to travel through the vaginal canal during childbirth! In addition, the vagina lengthens by approximately 50% during sexual arousal, which means it is capable of accommodating almost any penis size.
- Some women are afraid that the tearing of the hymen when she loses her virginity will be more painful than

she can stand. In fact, most women find this of only minor and temporary discomfort, and it may even happen without her awareness, for example during cycling or other sporting activities. The exception is women whose vaginal openings have been sewn shut as a cultural practice, who may need medical intervention to make intercourse possible.

Dealing with the phobic reaction

The treatment programme will be tailored to your particular needs, and you will be actively involved every step of the way. Although your therapist will explain what to do during sessions, the exercises you are asked to do will all be carried out in privacy at home.

The main reason that vaginismus is frequently successfully treated is that, although the spasm which causes vaginismus is involuntary, **it is relatively straightforward to learn how bring these muscles under your control, and once this has been achieved, you can choose whether to relax them to allow penetration.**

To begin with, your therapist is likely to teach you progressive relaxation exercises to enable you to become comfortable with gently touching the vulval area. She will encourage you to use a mirror to examine your genitals (Figure 1) and become more familiar with the different parts. You will be taught how to control your breathing and to take things one step at a time, in order to bring your anxiety levels under control; for example, if you feel panic, she will tell you to move your hand away just a little until the feeling of panic subsides, breathe deeply, and then try again. Your therapist will also teach you how to do pelvic floor or Kegel exercises (see the separate leaflet produced by the NHS in Sheffield) to gain control of the muscles which surround your vagina.

Once you can look at and touch the vulval area quite comfortably, your therapist will teach you how to start to explore your vagina, starting with the entrance and leading gradually to gentle penetration with your finger, using plenty of lubricant (Figure 2). She may suggest you arouse yourself sexually before doing this, so that you begin to lubricate naturally and your vagina starts to expand. When you are comfortable with inserting your finger inside your

vagina, leave it there for a while and move it around a little. This is the point at which you can start to feel the effects of controlling the muscle reflex, by ‘clamping down’ onto your finger, and then relaxing the muscles again and ‘releasing’ your finger.

Vaginal Trainers

If you have a partner, your therapist will discuss with you both the best moment to start working with your partner through the same stages as you have worked through on your own, until you feel able and willing to attempt

penetration by your partner, if that is your goal.

Once you are comfortable with using your fingers to penetrate your vagina, your therapist may suggest you use some “vaginal trainers”(Figures 3 & 4). These are usually made of smooth plastic and come in four sizes, to allow you to move up gradually in size. You will be shown how to use the trainers and encouraged to insert them regularly while you relax in your bedroom at home. She may suggest you leave the trainer in while you read a magazine or drink a cup of tea, to get used to the sensation of having something inside you.

Figure 1



Figure 2



Figure 3



Once penetration has been achieved, the focus of the therapy may shift towards increasing your mutual pleasure by enjoying intercourse as part of your sexual repertoire.

around pregnancy; these issues can all be explored as part of the therapy.

Tackling any background issues

For some women, progress is swift (a few weeks) and the phobic fear is overcome entirely. Others might get 'stuck' at a particular stage, which can suggest you have some ambivalence to overcoming the problem. This might point to background issues, such as problems in the relationship or reluctance or fear

Written by ROSE WHITELEY for the Porterbrook Clinic, Sheffield
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Figure 4



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