



THE CYCLE OF VAGINISMUS

The pain that is experienced in women with vaginismus causes a cycle to evolve in which subsequent fear and anticipation of pain increases the likelihood that future attempts at penetration will produce more pain and fear.

This, in turn, causes avoidance of penetration. The avoidance produces relief. The relief, in turn, reinforces the avoidance...and on and on.

When this cycle is set in motion, it continues to spiral until treatment (or something else) interrupts it.



A woman does not have to live with vaginismus. Effective help is available from professionals knowledgeable about and working with sexual and relationship concerns.



FOR LOCAL HELP, CONTACT:

Cynthia Lief Ruberg, LPCC-S, LLC
RELATIONSHIP & SEX THERAPIST
Licensed Professional Clinical Counselor
National Certified Counselor
Certified Family Therapist
AASECT Certified Sex Therapist
and Supervisor
Certified Clinical Sexologist

167 South State St., Suite 110
Westerville, Ohio 43081
(614) 865-1612
Fax (614) 475-0807
e-mail: cynthia@cynthiaruberg.com
web site: www.cynthiaruberg.com

ABOUT VAGINISMUS & THE WOMEN WHO HAVE IT

A SEX THERAPY PATIENT'S INFORMATION GUIDE



by
Cynthia Lief Ruberg, LPCC-S, LLC
RELATIONSHIP & SEX THERAPIST



WHAT IS VAGINISMUS?

Vaginismus is an involuntary reflex spasm of the muscles of the outer third of a woman's vagina. These muscles (called the PC muscles) surround the vagina near the vaginal opening (introitus). In some cases, the thigh adductor muscles (muscles of the inner thigh), the abdominal muscles and the buttock muscles go into spasm as well.

The vaginismic spasm usually occurs when a woman (with vaginismus) anticipates sexual intercourse, but it may occur in anticipation of any object being placed inside or even near the vagina. It is like a "vaginal blink." Just as a blink protects the eye automatically, the "vaginal blink" protects the vagina without conscious effort. However, unlike an eye blink, the "vaginal blink" is usually accompanied by pain. The pain often makes penetration very difficult, if not impossible. Women with vaginismus describe feeling as if their vaginal openings are "being stretched" or on "pins And needles." Others describe feeling "a wall" inside their vaginas. The "wall" keeps intruders Out. Vaginismus is not confined to heterosexual women and not restricted to anticipation of penile/vaginal contact. Lesbian women can also have vaginismus.

Vaginismus may be "lifelong" or "acquired." If vaginismus is life-long, it is medically termed "primary vaginismus." Most women with primary vaginismus have never been able to have intercourse or tolerate vaginal penetration without extreme pain or discomfort. Vaginismus, however, can also appear later in life, after a period of normal sexual functioning. This acquired type is medically termed "secondary vaginismus." It often is the result of something that triggers it.

Dyspareunia (a general term which describes painful intercourse usually from physical factors) is "something" that commonly triggers secondary vaginismus by producing an adverse reaction to intercourse. Dyspareunia that is prolonged and unrelenting contributes to this situation. For example, untreated vaginal dryness from lack of adequate sexual arousal or from hormone

deficiencies can cause painful intercourse and, hence, secondary vaginismus. Even a mismatch in genital size between partners (where the partner's erect penis is exceptionally large and the vagina is relatively small) can cause a chronic, very uncomfortable genital fit, thus triggering secondary vaginismus. (Whoever said bigger is better!) Situations of sexual assault or other traumatic injuries to the vagina (and the psyche) can also precipitate secondary vaginismus. These are just some of the many causes of secondary vaginismus.



THE WOMEN WHO HAVE IT

Women with vaginismus usually believe that they are the only women who have this condition. The truth is that vaginismus occurs much more commonly than most people report and realize. Furthermore, although vaginismus has many causes, not every woman with a similar history develops vaginismus. It is believed that some women are born with a biological propensity to develop vaginismus, but the condition only "comes out" under certain life circumstances, usually associated with stress. Many women with vaginismus are generally fearful. Many also seem to have a tendency to translate troubling emotions into physical symptoms. These emotions of anxiety and fear, concerning intercourse and possibly intimacy, make her physically (vaginally) "uptight." These women may want to have intercourse, but their bodies say no.

It is not uncommon for women with vaginismus to report fearing intercourse prior to the development of their vaginismic symptoms. Actual physical pain (or trauma) is not necessary in order to develop vaginismus. Women who have grown up in families who treated sex as taboo and associated sex and the human body with emotions of guilt, disgust and fear, can just as effectively develop (primary) vaginismus as women who do not have a history of sexual trauma or pain. These women typically see themselves as deficient in sexual knowledge, experience and skills.

Many other women with vaginismus are very capable of sexual desire, arousal and orgasm (as long as vaginal penetration is not attempted or anticipated) and are able to maintain stable long-term unconsummated marriages. On the other hand, because vaginismus often precludes intercourse, vaginismus can (and often does) put a strain on marital relationships and on the individual partners.

Vaginismus is the most common reason for unconsummated marriages. Most couples who appear for therapy do so because they desire children in the traditional way. Others just want to be "normal" like everyone else (who can have intercourse), their perception being that intercourse is the "normal" act between two "normal" people.



THE TREATMENT

Regardless of the cause, most women with vaginismus respond well to treatment, and the outcome is generally good.

Treatment goals are to overcome fears of penetration and to "undo" the vaginismic response. Therapy typically is tailored to the needs and situation of the woman and her partner. If a woman is not in a relationship, of course, she can also be treated individually. During the course of therapy, the woman will be given "homework" which will include instruction on: Relaxation; gaining control of her vaginal muscles; gaining comfort with her genitals (and maybe her body); gradual insertion of dilators of increasing size into her vagina. This "homework" is done under the learned conditions of relaxation and control and always in the privacy of the woman's home. Individual psychotherapy is often necessary to help her with the emotional issues that have contributed to her vaginismus, and couples therapy is often necessary to help the woman and her partner solve related relationship/sexual concerns.