

Sexual Dysfunction Association

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Vaginismus

Vaginismus is described in the medical textbooks as 'the recurrent or persistent involuntary contraction of the perineal muscles surrounding the outer third of the vagina' or 'spasm of the muscles that surround the vagina, causing occlusion of the vaginal opening, so that penile entry is either impossible or painful'. These definitions reflect an emphasis on traditional penile/vaginal intercourse, and as such are outdated in a modern society.

The woman with vaginismus suffers embarrassment, anxiety and anger. Vaginismus can occur for a variety of reasons. It is usually considered to be a conditioned response (something that is learned) and may result from the association of sexual activity with pain. Phobic reactions to the anticipation of pain could lead to an avoidance of intercourse.

Types of vaginismus

There are two types of vaginismus: primary vaginismus, when the woman has never experienced vaginal penetration, and secondary vaginismus when the woman has previously experienced vaginal penetration without problems but subsequently suffers.

Causes of vaginismus

The causes of vaginismus can include: belief that the vagina is too small, negative sexual thoughts (thinking sex is wrong or that sex will be painful and cause damage), previous sexual abuse, vaginal trauma (childbirth, episiotomy), painful conditions of the vagina and surrounding area, painful first intercourse, relationship problems, fear of pregnancy, strict religious beliefs and poor understanding of sexual function.

Can vaginismus be treated?

Yes. Vaginismus can be very successfully treated, in a lot of cases by a therapist or psychosexual doctor. Sex therapy has been shown to be particularly helpful for the woman who suffers with vaginismus. Treatment is based on the principle of sex education, psychological counselling and use of vaginal trainers.

Vaginal trainers are usually made of plastic in four graduated sizes. They are hollow cylindrical, dome tipped shapes that allow gentle progression of treatment. The smallest trainer is used first, gradually moving up in size, until the largest size can be easily and comfortably inserted. A twist lock handle can be used for ease of insertion (although some women prefer to use them without the handle). Some women do not wish to use vaginal trainers preferring to use their own fingers for the purpose of therapy and this is quite acceptable. Some women may be reluctant to begin treatment, but it is very worthwhile to persevere as the success rate is very high. The psychological reasons for vaginismus need to be addressed.

The emphasis of treatment is not just on the vaginal spasm, but may also include relaxation techniques, the use of visual imagery (imagining a certain scenario), pelvic-floor type exercises and cognitive behavioural programmes. A cognitive behavioural approach seeks to reduce performance based anxieties and to replace irrational and uninformed beliefs about sex and sexuality with soundly based anatomical, physiological and psychological knowledge. It deals with the basic (incorrect) assumptions which comprise the major part of faulty thinking some people have about sex. The patient/client assumes self responsibility and will be an active participant in her own treatment and will take gradual control of the situation as her level of anxiety diminishes. A plan of treatment will be tailored to suit her own individual needs. The therapist or doctor will explain every step, agreement on these guidelines is necessary for the treatment to have the best chance of success. The role of the doctor/therapist is to facilitate and guide the woman to become actively involved in her own treatment plan, and to eventually have control over her own body.

While women can find sexual problems difficult to talk about and isolating, various options are available and it is important not to suffer in silence. Always ensure that the clinician from whom you seek help will be able to ensure that you have a thorough check-up of both physical and psychological factors. Sex therapy can be obtained through the NHS or privately. It is important to make sure that the sex therapist is qualified and abides by the codes of ethics of an appropriate professional body. Look for a therapist who is a member of the Institute of Psychosexual Medicine (www.ipm.org.uk) or the British Association for Sexual & Relationship Therapy (www.basrt.org.uk).

An invitation

..... to enrol as a friend of The Sexual Dysfunction Association. For a small annual subscription you will know that you are contributing to a charity that helps overcome the problems of male and female sexual dysfunction. If you are interested please telephone or write for an application form or complete our on-line registration form.

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