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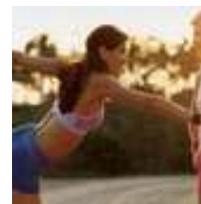
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2016
Apr 16
8:00 AM
WELLNESS (HTTP://WWW.SELF.COM/WELLNESS/)
By Amy Marturana (/Author/amarturana/)

The Taboo Sexual Health Problem Women Don't Want To Talk About

It's difficult to put a number on how many millions of women are suffering in silence from vaginismus.



We all expect sex (<http://www.self.com/tag/sex/>) to feel good and bring us pleasure. The truth of the matter, though, is that experiencing pain during sex (<http://www.self.com/sex-love/2016/01/4-reasons-you-might-be-feeling-pain-during-sex/>) is extremely common for women. For some, the pain is actually so bad that they physically are unable to have sex. If this sounds like you, there's a chance you could be suffering from vaginismus, a condition that causes involuntarily spasms of the muscles surrounding the vagina, making penetration horribly painful and oftentimes impossible.

Vaginismus is rarely discussed and often missed or misdiagnosed by doctors, and many women go years without knowing what's wrong or how to fix it. But there is hope for women with the condition and treatments that (with time and effort) can make sex possible and pleasurable. The key is identifying that you have it, which can be tricky, especially when you feel embarrassed or uncomfortable talking about it with others. Here's what you need to know.

Women who suffer from vaginismus may experience extreme pain not only during sex, but also with non-sexual activities like inserting a tampon.

These muscle spasms can make it impossible to insert anything into the vagina. "It's the sense of 'hitting a brick wall' when you're trying to penetrate it," Ross Lynn Tabisel, Ph.D. (<http://www.womentc.com/about/team/ross-lynn-tabisel/>), a licensed clinical social worker and co-director of the Women's Therapy Center (<http://www.womentc.com/>) in Plainview, New York, which specializes in

vaginismus treatment, tells SELF. “If penetration is possible, it will be associated with pain, chafing, burning, and the urgency to urinate.” Sexual contact, inserting a tampon, or even the process of a routine pelvic exam and pap smear can trigger vaginismus spasms. Some women may experience pain with all of these things, others, with just one or another.

Some women may learn they have trouble with penetration at a young age from simply exploring down there, Ditza Katz, Ph.D. (<http://www.womentc.com/about/team/ditza-katz/>), founder of Women’s Therapy Center, tells SELF. “Interestingly enough, even women who never tried putting anything in their vagina may get a sense that ‘something is not right’ because of an inner sense that she is ‘locked up’ and penetration is not possible,” Katz adds. While a woman with vaginismus may not know she has an actual condition, she might just realize she’s “not on friendly terms with her vagina and cannot use it in ‘the normal way.’”

The causes and risk factors of vaginismus aren’t fully understood, but it is strongly tied to feelings of anxiety and fear about sex.

Vaginismus is an anxiety-based condition that can present as early as when a woman first tries to use a tampon, or during her first sexual experience, Tabisel explains. “The main causes for primary vaginismus include fear of pain, fear of the unknown (how will it feel inside my vagina?), religious inhibitions, perceiving the vagina as being too fragile and sensitive, past experiences with discomfort (e.g. infection, vaginal dryness, rough sex), misconceptions about sex and sexuality, and the inability to say no to unwanted penetration,” Tabisel says. These anxieties can develop for many reasons, and sometimes may follow an emotional or medical crisis. “We do know that vaginismus is a common diagnosis among survivors of sexual abuse or trauma,” Abigail Cutler, M.D. (https://medicine.yale.edu/obgyn/education/residency/abigail_cutler.profile), an ob/gyn at the Yale School of Medicine who has treated many patients suffering from vaginismus, tells SELF. “Sometimes, vaginismus occurs because pain is anticipated; in other words, the fear associated with painful sex causes voluntary and involuntary contraction of the vaginal musculature, which reinforces the vicious cycle,” she adds.

Vaginismus can also be acquired later in life “as a result of painful sex due to menopause, or treatment for female cancer, or after surgery,” Tabisel explains. This type of vaginismus is usually referred to as “secondary vaginismus.”

Many women who suffer from vaginismus are not diagnosed for a very long time,

which causes serious emotional distress.

Prevalence rates of vaginismus range from 1 to 6 percent, Cutler says. But it's hard to put an accurate number on it because it's a difficult condition to diagnose. One reason for this is because there's no definitive medical test for it. "It's also what we call a 'diagnosis of exclusion,' meaning all other causes of pain with sex must be ruled out before a diagnosis of vaginismus can be applied," she explains. The other important reason is that many women who are suffering do so in silence, out of fear of telling other people that there's something wrong with them sexually. "As is the case with any sexual disorder, the stigma associated with a diagnosis of vaginismus can be very isolating, making it difficult for many women with signs or symptoms of vaginismus to speak to anyone about their concerns—including their doctor," Cutler explains. Cutler adds that many healthcare providers also aren't asking women direct questions about sexual history and pleasure, which makes it more of a taboo topic that women don't want to bring up on their own.

Experiencing this pain and shame around sex, and especially keeping it to yourself, can cause a lot of distress. If you don't seek help, vaginismus can cause interpersonal problems, too, whether that means keeping you from pursuing intimate relationships or impacting your current relationship negatively. "Sexual dysfunction or dissatisfaction can be an enormous challenge in any relationship," Cutler says, "and this is only compounded when there is not an obvious cause or easy fix."

The good news is that if you seek treatment, you can overcome vaginismus and have a fulfilling sex life.

If you think you may be suffering from vaginismus, look around for a gynecologist or sexual health doctor who specializes in treating the condition. There are even pelvic floor physical therapists that can help you overcome some of the physical parts of vaginismus. Despite the fact that doctors have known about vaginismus for a long time, a lot of them still don't really know much about it so it's really important to find someone who does. Doctors typically approach treatment from two directions: both psychological and physical.

Often, treatment focuses on resolving the underlying issues. "In some women, vaginismus appears to be rooted in a condition associated with hypoactive sexual desire disorder or sexual aversion," Cutler explains. Cognitive and behavioral psychotherapy that ultimately disassociates penetration and fear—a process called systematic desensitization—can be effective in many cases. "Some of these techniques involve muscle relaxation or introduction of objects (for instance, dilators) into the vagina to help increase a woman's comfort with penetration," Cutler says. These treatments also help women gain a sense of control over situations like sex or a pelvic exam, so that they don't cause so much anxiety and

“vaginal muscle contractions cease to automatically occur.” With secondary vaginismus, medication adjustment may be enough treatment to resolve the issue.

The physical symptoms of vaginismus are typically treated using dilators, basically medical dildos, that help the vagina stretch. Different doctors and clinics have different ways of doing it, but the idea is to start really small and work your way up to larger dilators as insertion gets more comfortable, stretching the vaginal muscles and increasing comfort as you go. It takes a lot of time and effort, and you really have to commit, but experts say when you do it can be extremely effective.

“The treatments for vaginismus, while often successful, are challenging (and intimate!) in their own right,” Cutler notes. “It’s not easy for many women to contemplate using dilators or going to a pelvic floor physical therapist, all while trying to maintain intimacy and trust in their interpersonal relationships and live their (usually busy) lives.” There’s no quick fix, and it takes time. You have to stay focused on achieving the goal of living without vaginismus—and also remember that everyone’s goals may be different. “Sexual satisfaction is subjective; the only important measure of success is your own.”

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 **KEYWORDS:** Sexual & Reproductive Health
([Http://www.self.com/tag/sexual-reproductive-health/](http://www.self.com/tag/sexual-reproductive-health/)),vaginismus ([Http://www.self.com/tag/vaginismus/](http://www.self.com/tag/vaginismus/))



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