

# When Pain Dulls Her Desire

Vicky, a 36-year-old married broadcast journalist, has a secret. She's been with her husband, Patrick, a 43-year-old police officer, for 5½ years, but they've never fully consummated their marriage.

She's even started to avoid visiting her parents because of their questions about why they haven't become pregnant. "When are you both going to make us grandparents?" they ask. "What are you kids waiting for? Don't you realize your clock is ticking?"

Vicky loves her husband, but she's confused and frustrated. Why can she have orgasms with sexual touching, but can't complete intercourse? Patrick doesn't know what to do to help his wife. After all

these years, he's just about given up. Vicky told me that her greatest fear was "dying a virgin." Despite comedies like "The 40-Year-Old Virgin," this is obviously no laughing matter.

Vicky didn't know it at the time, but her condition has a name: "vaginismus." It is an involuntary contraction of the outer third of the vagina that makes penetration (or even thinking about penetration) difficult or impossible. It's similar to a protective eye blink response when you first try to put in a contact lens. Your body feels like it's fighting with itself.

Vaginismus ranges from mild to severe. In milder cases, it can go undetected during pelvic exams and only become a problem during lovemaking. Sexual ignorance and misinformation about your body and the normal penis-vagina fit make things worse. Women fear their vaginas are "too small" or that something is "blocked" inside, even though their doctors haven't found any obstruction. When you're afraid, it's natural to tip your pelvis back, and the penis may hit the wall of the vagina, instead of penetrating more comfortably.

The following letter is one of many I've received on the subject:

*I am a 24-year-old female, and I have vaginismus. I always knew there was a problem since my first painful gynecological exam. But I didn't know there was a name for it and a way to treat it. It seems that*

*many gynecologists don't even know about this condition or don't care to inform their patients. As a society we seem to be obsessed with sex but also consider it a taboo topic. I belong to a message board where there are women who are married. Some are in their 30s, 40s and 50s and still haven't been able to have intercourse. They feel ashamed when visiting a doctor and they are shocked to hear they are still virgins.*

*For me, I'm not particularly interested in sex, nor do I have a sex drive. I'm trying to resolve this issue so that I can have a pain-free gynecological exam. Any tips you can give me would be greatly appreciated. Please write a column on this important subject. —Bethany*

Many women with low sexual desire say, "I'm not interested in sex," but they are often very sensual and sexual women who are simply not interested in the discomfort that accompanies sex. Who can blame them? The more it hurts, the more they worry. The more they worry, the less they lubricate. And the less they lubricate, the more it hurts — a vicious cycle.

Other parts of the cycle can include intimacy avoidance, depression, low self-esteem and using alcohol or drugs to relax (which dry the vagina even more). Some women become self-loathing. "My vagina has a mind of its own," one woman said, "I hate my genitals, and sometimes I even hate myself. How can I fail at something others find so easy?"

Vicky was fortunate to have a sensitive gynecologist who referred her for sex therapy. It's not unusual to find a history of abuse, injury, or other trauma in women who develop vaginismus. Vicky had more than her share.

When she was 4, she had frequent urinary tract infections and catheterizations that hurt "down there." When she was 7, she remembers falling on the cross-bar of her bicycle and bleeding. At 9, she was molested by her older brother. There was no penetration, but she remembers him "poking around." Finally, at the age of 13, her tampon "got stuck" when she was trying to insert it for the first time. "I couldn't get it out," she said. "I had to go to the emergency room to have it removed. Talk about embarrassing!"

Some people think that the treatment of vaginismus consists of just "stretching" the vagina with lubricated graduated dilators. Actually, the word "stretching" is a misnomer. Vaginal dilators, ordered by your physician or nurse practitioner, are a way for a woman to gain

control over her body and learn to experience her genitals more positively. (The cost of dilators may be covered by your insurance, so be sure to ask). For postmenopausal women, using an estrogen cream or other compounded combination cream along with the dilators can be helpful with vaginal dryness. The actual techniques or medications prescribed vary from individual to individual, as is the case in all therapy.

Although vaginismus affects women, it also impacts their partners. Men can develop lack of desire, problems with arousal or rapid ejaculation as a response to their partner's pain — especially when they're being told to "hurry up and get it over with." Fear of hurting their partner, frustration, rejection and anger are all common reactions. Lesbian relationships face the same challenges as heterosexual couples. The treatment is modified according to the couple's preferences, but the goals are the same: regain control, overcome anxiety and learn to enjoy pain-free, mutually satisfying sexual pleasure.

In Vicky's case, her history of sexual abuse and multiple traumas were addressed first. She then learned ways to localize, relax and control the muscles around her vagina using pelvic floor exercises and dilators. When she felt comfortable, Patrick was invited to share in the exercises using "bridging" techniques that placed his hand on hers. One of the cardinal rules for the treatment of vaginismus, is that the woman must feel in control and set the pace. When Vicky decided she was ready for intercourse, she guided Patrick from the woman-on-top position. The missionary position doesn't allow enough freedom of movement for the partner on the bottom.

And was therapy successful? I recently received a photo of their new son, Adam. I'm delighted to report that Mom, Dad and Baby are all doing well.

Fear, helplessness and misinformation intensify all pain. If you have any discomfort that interferes with sexual enjoyment, you need to understand as much about it as possible. Discuss your concerns with your health-care provider and have a complete physical examination for an accurate diagnosis.

Vaginismus crosses over the boundaries of body, mind, emotion, family values, history, relationship and more. It requires a comprehensive multi-dimensional treatment approach. Not all vaginal pain is vaginismus, but all vaginismus is painful. There's no need to suffer silently. The good news is that the success rate is excellent with perseverance and patience.

## Talking About Pain With Your Doctor

- Have you ever had pelvic pain?
- Have you had a negative tampon experience?
- Have you had any accidents to the genitals or other pelvic trauma, illness, or abuse?
- With other partners, have you had the same or different experiences? (In this instance, size does matter.)
- Is your pain better or worse at different times of the month?
- Where do you feel your pain: at the opening of your vagina or deep inside?
- How long does it last?
- Does anything make it better or worse, including lubrication?

## 5 Tips For Coping With Pain

**1. Lubrication:** Dryness is a major culprit of vaginal pain. There are a number of good, water-soluble, fragrance-free lubricants on the market, such as the Vielle, Astroglide and K-Y brands. A cheaper lubricant is a good old vegetable oil — olive oil, Crisco, or almond oil (assuming you're not allergic). Oils are messier and need to be applied more often but are a good alternative for women who have reactions to the methyl paraben-based products. Avoid all petroleum and mineral-based products. They can harbor bacteria and weaken latex condoms. Be aware that most of the so-called "warming tingling gels" on the market contain forms of menthol that can be irritating.

**2. Douching:** Douching can create severe vaginal dryness. If you douche, break the habit. A healthy vagina doesn't need to be scrubbed, sanitized, or perfumed.

**3. Indulge:** Believe it or not, regular relaxed genital self-pleasuring is good for your body. It brings blood to the tissues and can improve vaginal dryness. Your genitals belong to you — just like your nose or your toes. We've come a long way since the time of our moms and grand moms. Good girls do touch!

**4. Know your anatomy:** If you've never looked at your genitals, what are you waiting for? Being informed is being empowered. Next time you have a pelvic exam, ask your doctor or nurse practitioner to give you a mirror and point out what is normal — and what isn't. You may be able to actually see your own vaginal response. Make sure to plan ahead and schedule a special time for this "educational" exam. And ask if it's OK to invite your partner.

**5. Speak up:** Most importantly, don't be silent. Pelvic exams may not be delightful, but they shouldn't be painful. Speak up if anything hurts at any time. Our doctors are wonderfully knowledgeable, but they're not mind readers!

## On The Internet

### These sites can be helpful:

- [vaginismus.com](http://vaginismus.com)
- [Health.groups.yahoo.com/group/vaginismus/](http://Health.groups.yahoo.com/group/vaginismus/)
- The Women's Sexual Health Foundation at [www.twshf.org](http://www.twshf.org) and the subset link: [www.twshf.org/links.html](http://www.twshf.org/links.html)

## To Ask A Question ...

Our intimate relationships and sexual health are intensely personal concerns that many people find difficult to discuss. Please think of this as a safe place to have those concerns addressed.

Write to me in confidence at: [AskDrScantling@aol.com](mailto:AskDrScantling@aol.com).

Feel free to ask me whatever is on your mind regarding sexual wellness, health, intimacy and relationship — mind, body or spirit. The large volume of e-mail I receive makes answering individual letters impossible, but your questions will help me identify the subjects most important to you and other NE Magazine readers. Some readers' letters will be chosen for publication and reply in the column. They will be edited to eliminate names and other personal identifying information.

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