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# VAGINISMUS

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## Abstract

Vaginismus is a relatively rare female sexual dysfunction, but with significant disabling potential. Vaginismus can be defined as involuntary spasms of the muscles surrounding the vaginal opening. Its severe form makes it impossible to penetrate and causes severe pain, burning sensations. As early as 1547, when vaginismus was first described, and to this day, it continues to be an intensely researched topic, with thousands of papers published. However, the etiology of vaginismus remains controversial. Vaginismus has been shown to be a sexual disorder that has phobic elements resulting from patients' actual or imagined negative sexual experiences. Most women who suffer from vaginismus express their fear and anxiety about the act of penetration, generally feel ashamed or disgusted with their genitals.

**Key words:** vaginismus, DSM-5, sexual dysfunction.

## INTRODUCTION

Vaginismus is a condition that causes involuntary spasm of the vaginal muscles and pelvic floor muscles that makes vaginal sex, the use of tampons or gynecological exams painful and even impossible to perform.

Statistically, about 7% of women around the world suffer from vaginismus. Unfortunately, vaginismus is often not diagnosed at all or misdiagnosed. Most often women avoid discussing this topic. (1)

## CAUSE

Vaginismus does not have a well-defined cause. It is usually due to a complex of physical and emotional factors and is aggravated by the body's normal reaction to avoid pain. The body anticipates the pain and in order to avoid it, the spontaneous contraction of the vaginal

muscles is triggered. Any attempt to penetrate causes a painful sensation in the vagina and this pain strengthens the reflex response, which has the effect of an even stronger reflex contraction of the vaginal muscles. This generates the cycle pain from vaginismus. Once this problem arises, the woman has no control over it, cannot provoke it and cannot stop it.

Over time, due to pain and discouragement, a woman's sexual desire may decrease and fear (aversion) to sexual intercourse may occur.

The causes of vaginismus can be emotional, physical or a combination of these.

The emotional causes that trigger vaginismus are quite difficult to detect and it usually takes longer to be identified. It is important that the therapy addresses any emotional factor that could trigger it so that at the end of the therapy the patient can have a normal sex life.

Psychological causes that can cause vaginismus:

- Childhood experiences - rigid parents, exposure to shocking sexual images, religious teachings ("sex is bad"), inadequate sex education
- Relationship problems - abuse, emotional detachment, mistrust, anxiety in connection with the loss of control
- Anxiety or stress - general anxiety, guilt, negativity about sex, or any unhealthy emotion
- The fear of getting pregnant, the fear of pain, the fear that a pelvic trauma has not healed.
- Traumatic experiences from the past such as sexual abuse, rape, physical assault, repressed memories.

Physical causes can be:

- Changes due to age - menopause and hormonal changes, inadequate lubrication.
- Medical problems such as urinary tract infection, fungal infections, endometriosis, STIs, pelvic inflammatory disease, cancer.
- Postpartum pain, abortion, cesarean section.
- Temporary discomfort caused by too little lubrication, insufficient prelude.
- Side effects from medications that can cause pelvic pain. (2)

## TYPES OF VAGINISM

Primary vaginismus refers to the situation where there was never painless sexual intercourse or sexual intercourse was always impossible.

Secondary vaginismus refers to the situation in which after a period of painless sexual intercourses, pain occurs at penetration. It usually occurs after an event such as medical problems, birth, relationship problems, etc.

Vaginismus can be generalized or situational. In the latter case, it will be limited to certain situations or certain partners.

Vaginismus can be exclusively psychogenic or it can be both psychogenic and organic. (3)

## DIAGNOSTIC

The one who makes the diagnosis is the gynecologist, not everyone has experience

with vaginismus but will be able to rule out other conditions and help.

The diagnosis is made by a gynecological examination, the exclusion of other conditions and by general and reproductive medical history and description of the problem. (4)

## TREATMENT

A pelvic physiotherapist or sexologist may be contacted for treatment.

The treatment of vaginismus involves a number of conditions, including:

- Cognitive treatment
- Sex education
- Control of vaginal muscle activity
- Self-exploration of sexual anatomy
- Relaxation control training
- Sharing control with your partner
- Penis interference under the control of the woman
- Transferring the control of the partner's interference
- Exploring phobias (if present).

The average duration of treatment is 20 sessions. The frequency of therapy sessions varies from one to four hours per week, depending on the individual needs of the patient. Intervals between treatment sessions are needed to get used to and integrate the changes that have taken place. (5)

The most important variable in determining a positive evolution is, however, the support that the woman has during the treatment in order to be able to control the anxiety produced by the moment of penetration. The patient is in the dilemma of following a treatment that will make her accept the thing she fears most, that is, penetration. Ideally, this anxiety should be addressed during couple therapy so that anxiety does not lead to discontinuation of treatment or further refusal of women to accept possible penetration. The treatment addresses the root causes of vaginismus and includes a combination of couple therapy, individual relaxation exercises for women, couple exercises aimed at increasing sensitivity.

Because the causes of vaginismus are predominantly psychological, the principle of

the therapeutic approach will aim to relax the patient in order to remove anxiety. The basic principles of treatment will be the same as for any other sexual dysfunction: mutual responsibility, information and education, attitudinal and behavioral change, elimination of sexual anxiety, increased level of communication, changes in the definition of sex roles and lifestyle. (6)

The cure rate is 80-100%, and it is the psychosomatic approach that ensures this high therapeutic success.

### CONSEQUENCES OF VAGINISM

Among the consequences of vaginismus I mention the following: marriage may remain unconsumed (this may be grounds for divorce), the husband will be more prone to marital infidelity, family life will be unhappy, sex will not be a source of pleasure, inability to have a sex life will result in a couple without children.

Vaginismus makes many women feel lonely, misunderstood, scared and can affect their relationships, emotional health and self-esteem. Some do not understand what they are going through, others understand but still cannot get rid of guilt. (7)

### CONCLUSION

The first step for any woman who suspects vaginismus is to schedule a full pelvic exam to rule out a somatic cause.

Vaginismus is most often conceptualized as a psychosomatic disorder, a physical manifestation of deeper psychological problems.

There are several theories about the psychological causes but most of them focus on the following three aspects: control problems in the couple, previous sexual traumas, conditional association of pain/fear with vaginal penetration (a phobic reaction to the idea of penetration).

Regardless of the specific cause, there are two characteristic features of vaginismus: the inability to have a vaginal penetration and emotional stress.

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