A protective tensing of the musculature surrounding the vaginal opening, vaginismus prevents anything from penetrating. A woman with vaginismus doesn't directly control the tensing, allowing it to occur—it is an involuntary pelvic response. Vaginismus is a misunderstood problem and therefore sometimes missed by health care professionals. Consequently, actual numbers of vaginismus sufferers are difficult to calculate.

TWO TYPES
There are two types of vaginismus—primary and secondary. Primary vaginismus occurs when a woman struggles with vaginal penetration from her first attempt at intercourse. Secondary vaginismus occurs suddenly in a woman who has had no previous problems with penetration.

“The majority of cases are primary,” says Dr. Bianca Rucker, registered nurse and sex therapist. “A woman discovers this is how her body responds and she has vaginismus.”

Dr. Rucker dispels the often-misunderstood belief that this condition is strictly psychological in nature, for instance caused by past sexual trauma or abuse, painful sex, or a difficult birth experience. Gynecological examinations and insertion of tampons may also cause a woman pain.

There certainly are some instances where a woman’s past experiences influence her feelings around sex and these need to be acknowledged. Yet for the majority of cases the woman wants penetration, but her body doesn’t respond in kind—it closes off. “There isn’t any negative event that particularly precedes it or contributes to it,” says Dr. Rucker. “It just is that way.”

OTHER FACTORS
Even though vaginismus is a stand-alone diagnosis, medical professionals are beginning to look at other factors influencing their patients’ condition. Vaginismus may be a symptom that accompanies something else. Vulvar vestibulitis syndrome (VVS), a neuropathic pain condition wherein vulvar touch is perceived as painful, may cause or contribute to problems related to vaginismus. An experienced gynecologist can properly diagnose VVS.

Treatment of vaginismus begins by speaking to a health care professional. “I need to find out what is going on inside the woman’s mind as well as in her body by talking to her,” says Dr. Rucker.

A woman with vaginismus does not need to feel isolated or that her situation is hopeless. Successful treatment is available. a

Kim Van Haren is a Vancouver writer and editor.