

Vaginismus: The Sexual Disorder You've Never Heard Of

It affects 5 to 17 percent of women.



Chances are you've never heard of [vaginismus](#) (or, as it is now known, [genitopelvic pain penetration disorder](#)) before. Why? Because it's the disorder nobody wants to talk about, least of all those whom it most affects -- women.

Quite amazing when you take into account it affects 5 to 17 percent of women (though even those statistics are tricky, considering how hush-hush the whole topic has become) and is the [primary female cause of sexless \(unconsummated\) marriages](#).

Not only is GPPPD rarely discussed among sufferers, but it appears to be largely neglected in the medical world, too. According to relationship counsellor and sex therapist, [Alinda Small](#), the condition is "rarely taught in medical schools and residencies or discussed at medical conferences."

So what is GPPPD and why is it shrouded in so much secrecy?

What is vaginismus (GPPPD)?

"Basically it's the involuntary contraction of muscles surrounding the entrance to the vagina," Small told The Huffington Post Australia.

"What happens is the muscles lock up -- and they are incredibly strong -- and nothing can penetrate through. You can't get a finger, a tampon or a Q tip in, let alone a penis.

"Women don't talk about it and they don't come forward for treatment."

According to Small, there are two main types of GPPPD; primary and secondary.

"Primary vaginismus is something you have had your entire life, where you have never been able to insert anything into the vagina," Small said. "At best, perhaps you could get half a finger in but you certainly can't have sex."

"Secondary vaginismus is where someone was, at one point, comfortable with penetration, but some kind of trauma or something has brought on the vaginismus [later in life]."



What causes it?

"Both [primary and secondary conditions] are psychologically based," Small said. "It's a physical condition, but it's a psychological condition as well."

"To treat it correctly, you need to treat both the physical and psychological aspects."

According to Small, while there are many hypotheses on possible causes, its actual etiology is unknown, probably in part due to the fact sufferers are so reluctant to come forward.

"It's a really complex thing," Small said. "And while it is influenced by many things -- there are lots of hypotheses -- the big link, for primary vaginismus anyway, seems to be strong correlation between being raised in a religious environment."

"For instance, one of the highest instances [of it occurring] is in Ireland, and the second is South America."

Women don't talk about it. They learn to live with it. I've seen cases where women have been married or in relationship for up to 12 years and only present when they want to have children.

"So we are talking about people who are raised in strong Christian faith or conservative faith, who may not have looked at their anatomy in the mirror," Small continued. "They haven't touched themselves, they haven't looked at themselves -- they may view the entire thing as being dirty."

"In terms of the secondary form, this is a result of some kind of trauma or sexual issue, and can be triggered by something later on.

"For example, I have a client who had an affair with an older man, but when she was intimate with him, memories came back of an uncle who abused her and it caused her to have secondary vaginismus.

"Women don't talk about it. They learn to live with it. I've seen cases where women have been married or in relationship for up to 12 years and only present when they want to have children."

How to treat it

According to Small, most women who experience vaginismus choose to live with it rather than come forward and have it treated. Even those in long-term relationships may try to conceal what is happening from their partner or forgo sexual relations all together.

"Sex tricks can be used so their partners don't realize," Small said. "Many of these women have spent years having 'thigh sex', which is where they clench their thighs really tightly together, use lots of lube and trick the man into thinking they are inside a vagina when they actually aren't.

"If they don't do that, they cut that part of intimacy out of their relationship altogether and choose to shut down any intimate feelings they might have. They end up having a very different kind of relationship.

"What is important to say is there is a cure and they can be helped. That's the message that needs to get out there.



Some women live with the condition for years, assuming something is wrong with them anatomically.

A small previously mentioned, the best approach in terms of a cure is to seek both psychological and physical treatment.

For the psychological side of things, she recommends seeking out a therapist.

Physically, many women are taught how to use [vaginal dilators](#) in conjunction with relaxation techniques.

"With vaginal dilators, basically how they work is you start off very small, and then, using relaxation techniques, slowly work your way up in terms of size.

"It's imperative these women have a gentle introduction and remember they are in control of the situation.

"There is also something called saturation therapy which is often undertaken with their partner. Using dilators, they are able to discuss their mental state and what their thoughts are at any stage. There has actually been incredible results with that. Something like 90 percent of participants report sexual success afterward."

Small also reports there has been some preliminary research done into the effectiveness of Botox, but states at this stage, the research is still too new to offer any kind of conclusive evidence.

Why the secrecy?

Aside from the general embarrassment that tends to come with any disorder which effects sexual practice, Small says many women with GPPPD (who, remember, are not likely to be familiar with their genitals and their function) think something is physically wrong with them.

"They suffer in silence because they feel they are not normal," Small said. "They think it's an anatomical problem only.

"I have a client who presented only last week who thought something was wrong with her uterus. She thought it was too low, and so that's why intercourse was proving impossible. She didn't understand it was psychological.

"Because it manifests as a physical condition, it is easy to assume it is purely a physical problem, especially -- but by no means restricted to -- those who may not properly understand their anatomy.

"One woman I am dealing with has never touched herself, has never experienced an orgasm, and when vaginismus started causing problems with her husband, he suggested it could be due to the fact she had too much hair. It just comes from a different place."



Vaginismus and rape

It is very important to state vaginismus is not a condition that can be turned on and off at will. Nor can all women simply 'lock up' their vagina muscles whenever it suits them.

"Fight or flight just doesn't work on this level," Small said. "It's complex, but basically sexuality is very different to fear. There has been a lot of research done in terms of evolutionary mechanisms and it appears it's disgust rather than fear that staves us off a lot of things.

"The same is with vaginismus -- it isn't caused by a fear of a penis, it's the idea it's not nice, that touching yourself isn't nice -- the premise is more to do with disgust.

"Of course in a perfect world, in a situation of threat, we would all like to lock up our vaginas if that meant we could avoid a situation of rape. But we are talking about totally different emotional mechanics -- it's a different spectrum."

Steps to take

If you think you or your partner might have vaginismus, it's extremely important to understand treatment is available, and, better yet, comes with a high level of success rates.

"The first step is to see a therapist," Small said. "It is one of those things that, when it presents, it is pretty obvious it is on a psychological basis.

"A therapist may refer you to a GP to double-check everything is okay, but typically what they will find is anatomically they are fine and everything is in order and working -- the cause stems from a psychological basis.

"The big thing about it is it's treatable, and it is possible to lead a really fulfilled life. Don't suffer in silence. We can definitely help. We see this, deal with it, and we have success with it."



