“Being a Woman” in the Shadow of Vaginismus: The Implications of Vaginismus for Women

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Abstract: Introduction: Vaginismus includes some psychological conditions such as fear of pain and avoidance from penetration. There is little knowledge about the effects of vaginismus.

Objective: The present study aims to present the bio-psychosocial consequences of vaginismus in women life.

Methods: The method of the present study is a review, which is conducted on the available resources. All relevant studies were included to present effects of vaginismus on the women.

Results: Women who have vaginismus have many problems with self-identity, psychological and reproductive lives. Most of the effects of vaginismus lead to another deep effect on women. Women with vaginismus mostly describe themselves negatively. This negative self-perception affects women’s self-esteem levels which cause psychiatric disorders. The psychiatric disorders have been associated with vaginismus as a reason and result. It is stated in the studies that the general anxiety and, penetration specific anxiety are related to vaginismus. This result reflects that women with vaginismus have more anxiety about penetration. Women with vaginismus encounter reproductive problems, who are more likely to encounter increased cesarean section and fertility problems, they are reluctant to seek health care services, especially due to fear of the gynaecological examination.

Conclusion: Although vaginismus is a common problem, there is little information about the effects of vaginismus on women. Vaginismus causes psychiatric disorders and reproductive problems. The researchers should examine how women live with vaginismus. It is also suggested that psychotherapy techniques should include couples interventions and, researchers should examine psychological health of women deeply.

Keywords: Vaginismus, psychological effects, psychotherapies, pregnancy, birth, gynaecological examination.

1. INTRODUCTION

Vaginismus is persistent/recurrent difficulties related to vaginal penetration, pain during vaginal intercourse, fear/anxiety about vulvovaginal pain and/or tensing of the pelvic floor muscles [1]. An alternative definition of vaginismus is ‘The difficulties which are persistent or recurrent for the woman to allow vaginal entry of a penis, a finger, and/or any object [2]. Vaginismus is classified as a genito-pelvic pain/penetration disorder in the Diagnostic and, Statistical Manual of Mental Disorders (DSM-5) including a lot of pain and penetration problems such as unsuccessful vaginal penetration, pain with vaginal intercourse, fear of vaginal penetration, pelvic floor muscle dysfunction, and medical complication [3-4].

Vaginismus seems like a common issue. It is a major problem due to less interest in the literature because of cultural sensitivities and complexity of the definition [5]. The worldwide prevalence of vaginismus varies between studies, countries, and populations [6]. However, there is no exact data for the prevalence of vaginismus, it is reported that the prevalence rate of vaginismus is as high as 1-7% worldwide [7]. Women with vaginismus tend to remain silent about their vaginismus and, they do not easily discuss their complaint with their family or friends and often not even with their doctor. Therefore, the true incidence of vaginismus is unknown [8-10].

The fear-avoidance model of vaginismus is pointed out to explain vaginismus’ causes. This model hypothesizes that a vicious cycle of pain, fear (of pain), anxiety, and muscle tension is during a woman’s first attempt in penetration. If the women have contraction as part of a protective reaction on her pelvic floor muscles during the penetration, she may experience genital pain. This genital pain increases an unre-
lenting fear for the next attempts and, then she wants to avoid future penetration attempts [11]. Fadul et al. [12] also stated the importance of fear on the vaginismus who have pain catastrophizing, fears of having a panic attack, fear of bleeding, and fear of physical damage. There are also many factors, which cause vaginismus. Some of these factors are quality of sexual intercourse, trauma due to sexual abuse, lack of sex education, cultural factors, strict religious beliefs, fear of pain, perfectionism, low self-esteem, feelings of guilt and anxiety about sex [13]. Despite many factors to explain the ethology of vaginismus (e.g., somatic, biological, psychological and, interpersonal factors), these factors remain largely unknown.

Vaginismus is a problem that greatly impairs the quality of life of women and their partners [14]. Vaginismus is one of the most important disorders that negatively affect the lifestyle, reproductive and psychological well-being of both the women and their partners [15]. Uncontrolled contractions due to vaginismus can be induced not only during sexual intercourse but also during gynaecological examination and, in the use of dilator or tampon. Since the woman is unable to control her contractions, it is stated that the vaginismus is among the sexual dysfunctions that lead to being helpless for the woman [16]. Although it is a clinical problem that deeply affects health and well-being, it has remained an area that has not been investigated and examined in the field of women’s health.

1.1. Aim

The health care professionals need to be aware of the psychological requirements of women with vaginismus. They also need to have a view about the effects of vaginismus on the women to decide on their practices’ covers. Therefore, the present review aims to present bio-psychosocial consequences of vaginismus on women’s life to provide information for the health care professionals.

2. METHODS

The literature review method was used in the present study. The literature search was conducted in the databases Web of Science, Scopus, Google Scholar, EBSCO Host CINAHL Complete, and MEDLINE, published from the earliest record to June 2019. Search terms were used to determine the effects of vaginismus on women. All relevant studies were used to discuss and compare the findings with the results of this review. Based on the studies’ findings, biopsychosocial effects of vaginismus on the women were presented.

3. RESULTS AND DISCUSSION

In the present review, subheadings were created according to the findings of the literature.

3.1. Self-concept and Vaginismus

Vaginismus may affect women’s perception of their gender roles such as femininity or motherhood. When women could not fulfill “her role as a woman” due to vaginismus, it causes negative self-appraisal and low self-esteem [9]. Elm-
especially specific phobia which is the most common psychiatric disorder comorbid with vaginismus is higher in women with vaginismus than the general population [29]. This high prevalence of specific phobia is explained as an increased general tendency for phobia on women with vaginismus. It is also stated that women with vaginismus not only have the anxiety of penetration but also have an increased level of general anxiety [30]. Therefore, the findings of the present review suggest that the content of psychotherapy in women with vaginismus should focus on underlying psychological disorders rather than focusing only on sexual intercourse. Both high comorbidities of the psychiatric disorders and disruption of functions in all domains of sexuality emphasize the importance of a holistic approach in the evaluation of these patients.

3.3. Problems on the Reproduction Life and Vaginismus

3.3.1. Increased Caesarean Section Rates

The vaginismus is reported as an increased risk factor to have caesarean section not only based upon maternal request but also emergency caesarean section due to difficulties in performing vaginal examination [22]. The high rate of caesarean section for maternal request in women with vaginismus may be concluded, due to some fear such as; fear of childbirth, fear of pain and vulvovaginal trauma.

The other reasons for caesarean section are impossible to induce labor and the hardest difficulty is in performing a pelvic exam and internal ultrasounds, which lead to an inability to assess the maternal health [2]. Even if their birth process has started spontaneously, they want to have a caesarean section [6]. There is not a risk for elective caesarean section for these women. However, there is no evidence that caesarean birth has any benefit for mother and baby when caesarean birth is not necessary. As with other major surgical procedures, a caesarean section may have long-term effects on maternal, child and future pregnancies, as well as short-term effects [31]. It is also known that women with vaginismus can give vaginal birth with specialized intrapartum care, having a sensitive health care professional and making the frequency of vaginal examinations minimum during birth [32]. Therefore, not only psychiatrists but also the other health care professionals such as doctors, nurses, and midwives have an important role to meet the requirements of women with vaginismus. They need to be aware of vaginismus risk for all women and they prepare the women during pregnancy period. Therefore, it is suggested that health care professionals have to have some special education to handle vaginismus.

3.3.2. Insufficient Applying for Health Care Services

Most of the women with vaginismus seek medical care for the first time due to a desire to be pregnant. One study which aims to determine the psychological effect of vaginismus on pregnant women stated that only half of the women reported regular follow-up visits during their pregnancy (without vaginal examination), whereas some of the others reported irregular follow-up visits due to their bad experiences about vaginal examinations. Vaginismus leads to avoidance of antenatal visits due to feelings of shame and experienced a lack of understanding by a health care profes-

sional. The World Health Organization (WHO) [33] recommended at least four visits during the antenatal process with spaced regular intervals. Appropriate antenatal care is presented as a way of prevention from many of the complications for both mothers and infants [34]. The health care professional should not ignore the needs of women due to vaginismus and specific form of pregnancy, which could trigger the underlying symptoms when women are treated in an inadequate way. Therefore, it is suggested that these women need to have some special treatment and follow up during their pregnancy.

3.3.3. Fear of Gynaecological Examination

A gynaecological examination is avoided because of some psychosocial factors that develop negative attitudes and behaviours towards reproductive health. Vaginismus is one of these psychosocial factors and usually seen in patriarchal societies where girls are grown with pressure. Women who grow up in these societies have been alienated from their body and sexuality. Therefore, these women have suppressed their sexuality throughout their lives. Sexuality becomes a frightening and undesirable necessity for these women [35]. Women who have sexual pain may be feeling extremely anxious about undergoing pelvic examinations or ultrasounds. To have a pelvic examination for these women can trigger many negative feelings such as fear of pain and embarrassment [32]. Therefore, it is suggested that health care professionals should be sensitive about women’s privacy during their examinations and treatments. It is also an important point to prevent these women from some traumatic events.

There is little knowledge about the effect of the pelvic examination on women with sexual pain disorder. The difficulty or inability to have an examination is identified as characteristics of vaginismus and dyspareunia [36]. Because of the illness, opening the sexual organs to another stranger may be distressing and worrying for a woman. These women are unable to access preventive or curative health services due to lack of gynaecological examinations [37]. Therefore, women with vaginismus need to have some special practices to rely on and meet their bodies. They also need to be empowered to take responsibilities for their health. There is a need for some studies which examine women’s expectations from the health care professionals. Women with vaginismus often meet with health care professionals who are not educated in sexology. These health care professionals might not understand women’s experience. They consider that “a pregnant woman must have had sexual intercourse, otherwise she would not be pregnant, and so a vaginal examination cannot be unbearable for them” [38]. Therefore, health care professionals need some specific education about vaginismus.

3.3.4. Fertility Problems

Women with vaginismus often do not experience sexual intercourse and are faced with infertility, because of their pain and vaginal spasms. Infertility problem is defined as a life crisis for both women and their partners [39]. Most of the studies conducted with infertile women indicated that the prevalence of sexual dysfunction is high [40]. Vaginismus and dyspareunia are the two sexual dysfunctions that are frequently determined as the causes of infertility [41]. In the
literature, it is noteworthy that sexuality and infertility are related in different ways. When these relationships are examined, sexual problems between couples may cause infertility, while tests and interventions for the diagnosis and treatment of infertility may also affect sexual functions [42]. It shows that the diagnosis and treatment of vaginismus need to be as early as possible to prevent some sequential effects of vaginismus on women.

3.4. Relational Effects and Vaginismus

Unconsummated marriages are defined as having problems with successful sexual intercourse at the beginning of the marriages [43]. Unconsummated marriage has high rate prevalence in the developing countries, where sexuality is strongly prohibited by religious rules and cultural taboos before the wedding [44-45]. Vaginismus is stated as a major cause of un consummated marriages [46]. Sutherland [47] pointed that some of the women have stated that they have a loss of feelings about a sexual identity because they do not see themselves as a part of sexual interaction with their partner or having ‘normal’ sexual interactions. Achour and Koch [20] stated in their study conducted on pregnant women with vaginismus that the effect of the intimate relationship of couples was described as disturbance of their daily and sexual life with reduction of sexual desire, and increase of conflicts due to an inability to provide or achieve a sexual connection in their relationships and feelings of inadequacy and blame for being situated within their body. Therefore, it is impossible to consider marriage and couple therapy separately in psychotherapies related to vaginismus.

CONCLUSION

Vaginismus, which is sexual dysfunction, has many biopsychosocial implications for women such as infertility, request of caesarean section, anxiety for gynaecological examination, negative self-identity, un consummated marriage, and psychiatric disorders. There is little information about the bio-psychosocial effects of vaginismus on women. The studies show that vaginismus is not only a problem with sexual intercourse but also a problem which could be both etiology and results of psychiatric disorders. Therefore, it is important that sexual therapy needs to be focused on sexuality and they need to be deeply interested in the psychological health of the women. Most of the women with vaginismus don’t apply to health care services due to their fear and shame. Therefore, there are vital roles and responsibilities of health care professionals. In order to prevent missed opportunities, women who apply for health services should have the necessary sexual evaluation. Women also should be empowered with appropriate counselling and information to prevent vaginismus. The health care professionals also need to be well educated to treat women who have special needs.

CURRENT & FUTURE DEVELOPMENTS

Women need both physical and emotional support to cope with this problem which may continue for many years. Therefore, the present review has an important value to provide a better understanding of what women live with vaginismus. In light of the findings of the review, it is suggested to have some implications for the health care professionals who are not only psychologists but also gynaecologists, nurses, and midwives. All of the health care professionals must evaluate women’s sexual health dimension, which has a larger effect on the other dimensions of health and well-being. As it is known that women with vaginismus do not easily discuss their complaints with health care professionals. Due to a variety of these women who may be pregnant, infertile or have psychiatric comorbidities, all the health care professionals should have some special training to implement preventive measures to reduce the consequences of this condition on the sexual life of these patients. There is a need for more qualitative studies to have new approaches, which deeply deal with women’s life problems. It is thought that the studies, which have these characteristics, provide a better understanding of the consequences of vaginismus on the women. These qualitative studies contribute further knowledge and practices in theoretical and practical at counselling, psychotherapy, and sexology.

CONSENT FOR PUBLICATION

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CONFLICT OF INTEREST

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REFERENCES

Pacik PT. Understanding and treating vaginismus: a multimodal approach. Int Urogynecol J Pelvic Floor Dysfunct 2014; 25(12): 1613-20. [http://dx.doi.org/10.1007/s00192-014-2421-y] [PMID: 24894201]


Pacik PT. Understanding and treating vaginismus: a multimodal approach. Int Urogynecol J Pelvic Floor Dysfunct 2014; 25(12): 1613-20. [http://dx.doi.org/10.1007/s00192-014-2421-y] [PMID: 24894201]


