PSYCHOTHERAPY OF VAGINISMUS

Therapy used to deal with the psychological side of vaginismus causing painful intercourse.

About Psychotherapy of vaginismus

Psychotherapy of vaginismus is a kind of therapy used to deal with the psychological side of vaginismus causing painful intercourse. Vaginismus is an involuntary contraction of the vaginal muscles which makes sexual intercourse painful or impossible - hence interfering in personal and marital relationships. Many sexual problems arise from anxiety, mismatched expectations, and unhelpful learnt responses, rather than simply physical problems with the sexual organs. A medical evaluation of vaginosis and dyspareunia (pain during or after sexual intercourse) focuses initially on physical causes, which must be ruled out before psychogenic or emotional causes are entertained.

It is not „in the woman’s head“. Rather, it is a real physical pain from the panic reaction to penetration, the product of a fight or flight response. Psychological factors that should play a crucial role to arouse this dysfunction could be avoidance, fear of penetration, anxiety, relationship problems, chronic frustration, disappointment and depression. People with vaginismus are twice as likely to have a history of childhood sexual interference and held less positive attitudes about their sexuality, whereas no correlation was noted for lack of sexual knowledge or (non-sexual) physical abuse. In addition, poor sexual self-esteem, lack of interest, and general inability to find pleasurable sex, increasingly have been shown as psychological causes in such patients.

Psychological treatments methods:

- Relax

Considering the fact that vaginismus, in the majority of of the instances, has a lot of psychological reasons, the treatment approach primarily concentrates on relaxing mind and body. Patient should try a few mental calming techniques. This should help to eliminate any anxiety and fearfulness.
- **Cognitive behavioral therapy (CBT)**

As a psychotherapeutic approach, the CBT addresses dysfunctional emotions, maladaptive behaviours (type of behavior that is often used to reduce one's anxiety, but the result is dysfunctional and non-productive) and cognitive processes using a number of goal-oriented, explicit systematic procedures. Adopting a blend of cognitive and behavioral therapy, the therapists deal with patients' anxiety and depression. It is a "problem focused" and "action oriented" technique by which therapist tries to assist the client in selecting specific strategies to help address those problems.

- **Sex therapy**

Sex therapy is an umbrella term for a number of established psychological and behavioral treatments for sexual difficulties. Most commonly, it involves a therapist working with a couple to discuss the problem, work out what might be going wrong, and then asking the couple to try a number of approaches to improve their relationship, communication and lovemaking.

A common approach is to initially ask the couple not to have sex and simply focus on touching and intimacy (an approach known as sensate focus). This takes the pressure off, reduces anxiety, and once the couple start feeling more connected, therapy focuses on introducing sexual activities or exercises for the couple to try at home to help deal with the remaining difficulties. Similarly, the therapist might ask the couple to try new ways of communication, and consider how they understand their partner, both sexually and in everyday life.

Sex therapy includes the use of vaginal trainers (VTs). Vaginal trainers, also known as dilators, remain the most widely recommended treatment for vaginismus. They are available in graduated sizes and are used to slowly stretch the vaginal walls, making penetration and transition to intercourse more comfortable.

- **Hypnotherapy**

Hypnotherapy can provide an acceptable time and cost effective therapeutic tool that helps resolve vaginismus and improves sexual satisfaction in both spouses. Women with vaginismus can be successfully treated by hypnotherapy without simultaneous treatment of their husbands.

Generally, hypnotherapy is a situation of focused arousal in which perceptual monitoring and consciousness are dissociated so, imagination and fantasies are commonly applied by hypnotherapist. It has been expressed that Hypnosis is a deep relaxation technique that reduce stress and the intensity of emotional and psychological concentration on conception and induce trance to alleviate suffering or to promote healing.

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**Success or failure factors**
Support factors of therapy:

- motivation to conceive
- partner support
- professional support - comprises personal qualities of professionals/therapeutic relationship, the value of specialist skills and knowledge and the need for facilitating couple communication about vaginismus.
- peer support/helping - supportive networks and sharing tips with other women
- medication - anti-anxiety medication may be a tremendous help in speeding the process up and making her more comfortable

Failure factors:

- generalized anxiety
- depression
- relationship problems

Complications

Long-term treatment may be associated with poor self-esteem, depression and anxiety relationship difficulties which may affect quality of life adversely. Treatment is physically and mentally demanding.

If multiple attempts at penetration are made before completed recovery from vaginismus, it may lead to fear of sexual intercourse, and worsen the amount of pain experienced with each subsequent attempt. Relaxation, patience and self-acceptance are vital to a pleasurable experience.

Prognosis

Vaginismus is a physical barrier to fertility that can be treated but it may take some time. Once fixed, it may improve female sexual well-being and tear down the barrier to conceive.

Length of therapy was analyzed and seen to be related to the following factors: duration of the dysfunction, and patient’s conception of the etiology of the problem, history of previous attempts at operative treatment, motivational factors, the husband’s degree of acceptance of the unconsummated marriage, previous organic abnormalities, extent of sexual knowledge, fear of sexually transmitted diseases, parental attitudes regarding sex, and the patient's attitude toward her genitalia. Follow-up of one to four years has revealed maintenance of sexual functioning in 95% of the couples.
Find more about related issues

Diagnoses

**Vaginismus**
A physical or psychological condition in which woman cannot engage in any form of vaginal penetration.
Learn more at: [www.fertilitypedia.org/therapy/diag/vaginismus](http://www.fertilitypedia.org/therapy/diag/vaginismus)

Sources

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