

NO-GO AREA

For many years, Zoe (29) believed that she was – in her own words – “a freak”. The reason? A paralysing and painful anxiety around penetrative sexual intercourse, which made her run away from any potential relationship.

“I had no one to talk to about it and I just felt so utterly alone and it really impacted my self-esteem as well,” says Zoe, who explains how she felt that she was not “deserving” of a relationship with a partner because she could not offer “what they want”.

“So I was damning myself before anyone could damn me,” she says simply.

Four years ago, however, Zoe discovered that what she was actually experiencing was a condition known as vaginismus; and decided to seek help (see case study).

Vaginismus is the term used to describe the involuntary tightening of the pelvic floor muscle group, making vaginal penetration painful and/or impossible. This affects not only a woman’s ability to have sexual intercourse – even when in a long-term, loving relationship – but also to use a tampon or have a smear test.

There are three main forms: primary (where a woman has never achieved penetration/penetration without pain), secondary (where a woman who previously experienced penetration starts to encounter problems as a result of a painful or traumatic experience, like a difficult birth) and situational (where the muscles tighten in a specific situation e.g. gynaecology examination.)

But while research conducted in Ireland 30 years ago concluded that vaginismus was thought to affect five in every 1,000 marriages, perhaps more telling was a 2002 study by RELATE that revealed that vaginismus was the second most common sexual difficulty presented by females at their clinics in Northern Ireland.

Due to the silence and stigma surrounding sexual health to this day, however, many women are afraid to seek help; or don’t realise that there is support and treatment available.

NEW RESEARCH

But raising awareness of vaginismus in Ireland is the mission of psychology lecturer Maria McEvoy, who – along with Dr Rosaleen McElvaney and Dr Rita Glover at DCU – is undertaking a PhD in this area by interviewing Irish couples plus health professionals.

“When I realised how little information there was about it, I decided to research it myself,” says Maria, who explains that one aspect of interest was in challenging the notion that vaginismus is a result of sexual abuse.

“Although it can be a factor for some women, it is not the main contributing factor in the majority of cases,” explains Maria. “However, this perception can stop women from coming forward for help for fear that this will be assumed.”

Rather, when it comes to the factors feeding the anxiety that drives the body’s physical shutdown, Maria references the research from 30 years ago that pinpointed prevailing religious messages (i.e. that sex outside of marriage was sinful), silence or shame around discussing sexual matters in the home and lack of sexual education.

Vaginismus, a condition that makes sexual intercourse impossible or painful, is a lot more common than many women think. But they should not suffer in silence, writes **Maria Moynihan**

And while we might be living in a more liberal Ireland in 2019, judging by the interviews that Maria has conducted so far with couples in their 20s and 30s, some things have not changed.

“It seems that that embarrassment around sexual matters still persists in Ireland,” says Maria.

“One of the main things is the way that sex is either spoken about – or not spoken about – in the home. So a lot of interviews I’ve done, it would have been kind of a ‘no go’ area. The women would have understood that growing up, you didn’t speak about it, and not just about sex but even about sexual hygiene, periods, tampons, those kinds of things. You didn’t discuss it in the home or else if you did discuss it, it was quite an abrupt conversation. “And quite often the discussion around sex was quite negative for girls in the home in terms of, ‘Well don’t come home pregnant’, or ‘Nice girls don’t do that.’”

That said, experts working in the field in Ireland are flagging new factors that can contribute to vaginismus for a new generation.

“They say when you get very young couples coming in – teenage, early 20s – the difficulty quite often is exposure to porn, because when you’re looking at images which are not made for women, they tend to be quite violent, quite aggressive, the man is always dominant,” explains Maria

“When young women see this for the first time and they’re quite young, quite often that can set up the vaginistic response as well, which is quite interesting. That wasn’t something I’d come across in the literature on vaginismus.”

LONELY & ISOLATED

What has struck her most, however, is the “loneliness” that seems to overwhelm women with vaginismus.

“The women are so isolated and they feel so unusual and so different from everybody else and there’s a real shame,” says Maria.

“They can sit with their peer group and they’re discussing having babies and they feel so bereft... and quite often, it’s having to sit there and pretend



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that everything is OK and not be able to say, ‘Well I’m having a difficulty.’”

Furthermore, for those that do seek professional help, their experiences have not always been positive.

“Quite a number of people have said that the dominant response they get from the GP is, ‘Well, just go home and have a glass of wine,’” relates Maria.

“For some women, they really do feel that it’s hopeless and there’s no help or treatment available, and that’s so far from the truth because you have excellent people working in the field, excellent psychotherapists

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and of course you have some excellent GPs; but again, it's very haphazard."

As well as looking at the effect of vaginismus on women, Maria is also interviewing their partners to get an insight into the effect the condition has on relationships. And while she has found it can have a "devastating impact", many couples become even closer by working around the issue and expressing their intimacy in other ways; with some even going to great lengths to start a family without having penetrative intercourse.

"Sometimes then they will go for IVF and go for very invasive treatments and spend an awful lot of money," says Maria, "but nobody actually asks them, 'Well are you trying to have children in the conventional way?'"

At present, Maria is still seeking couples from Ireland and Northern Ireland who are experiencing/have experienced vaginismus to interview for the study, but once her research is complete, she hopes to create a new model for the treatment of vaginismus in Ireland.

Indeed, she has already set up a website and Facebook and Twitter accounts to share information on the condition, and hopes to also produce leaflets to distribute in GP clinics.

"It's quite easily treatable as long as you get the right interventions and the right person; and a lot of that has to do with accurate diagnosis," she concludes.

TREATMENT & THERAPY

One person who is already on the frontline in supporting women with vaginismus is Dublin-based relationships and psychosexual therapist, Eithne Bacuzzi, who acknowledges that for many, it still takes a lot of courage to seek help.

"Most people are absolutely terrified when they come in," she says. "Low self-esteem is the main thing; 'everyone else is doing this, why can't I?'. So it's common, but it takes an awful lot of courage – an enormous amount of courage – to actually speak about it."

In her practice, Eithne typically sees women aged from their mid-20s to mid-30s with the condition. For those who are married or in a long-term relationship, it is often the desire to start a family that brings them in the door. Many others, however, completely avoid potential relationships due to their fears of being – in their words – "found out"; often using words like "failure" to describe themselves.

But while the condition can feel all-consuming, Eithne believes it's important to reassure women that they are "so much more than their sexual ability".

"There's a lot of pressure at the moment to have sex on the first or second date," she says.

"You'd say 'Why is that?' And they'd just say, 'Well it's expected' and there's a bit of work around, 'Well it doesn't matter what people expect of you, but you have choices and if you choose not to for a while and take it easy and if they leave, well that's not the right person for you.' You can take charge of the situation."

Like Maria McEvoy, Eithne acknowledges that a lot of the anxiety that contributes to vaginismus stems from the negative messages about sex that women received growing up. Often, the work is in challenging these beliefs through talk therapy.

"Maybe parents gave those messages to keep you safe, I'm sure they were good parents, but in doing so, you have ended up where you feel guilty about this and you feel that you're not feeling relaxed and safe and comfortable and that's where we're working," explains Eithne. However, she adds that having received very little sexual education growing up, many women with vaginismus

CASE STUDY

FOR 29-YEAR-OLD ZOE, A CRIPPLING ANXIETY WHEN IT CAME TO SEXUAL INTERCOURSE LEFT HER FEELING ASHAMED – AND ALONE – FOR SO MANY YEARS.

"I thought I was a 'freak,'" says Zoe of her experience of primary vaginismus, which she traces back to her conservative upbringing, where sex was rarely spoken about and if so, only in negative terms; recalling one particular conversation she had with her mother the first time she went to a teen disco.

"She said to me that men only want one thing and you'll be left holding the baby; and like, I was 14," she says. "I actually didn't kiss anyone till I was 19 because I was so, I suppose, maybe scarred in a way."

Moreover, sexual education was more or less non-existent in her all girls' religious school.

"Our lunch breaks were changed so they wouldn't be at the same time as boys' lunch breaks," Zoe says wryly. "Sex education was learning about periods and getting a free (sanitary) sample pack."

Indeed, when she did start dating in college, so intense was her anxiety around intimacy that she would "sabotage" potential relationships rather than risk getting too close.

"I knew there was something wrong with me and that I was, in inverted commas, 'a freak,'" says Zoe. "But I just didn't know what I had or I didn't have the language to say, 'I'm scared that I can't do this.'"

"I just felt alone and that I should be doing this thing, but I can't do this thing and why would anyone want to be with me?"

Zoe believed that she might have reached a turning point when she found herself in her first "semi-serious" relationship and felt like she was ready to attempt intercourse.

"I was like, 'I trust this person, I'm comfortable with this person, I want to be intimate with this person,'" she explains; but any attempt at penetration proved painful and seemingly impossible. "Just a brick wall; an absolute brick wall," she says simply of how her body clamped down, adding that when the relationship ended, she initially blamed herself.



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"I was like, 'Oh it was because of that, he picked another girl over me,'" she recalls. "But then I was like, 'There's really something seriously wrong here.'"

However, it was only about four years ago that she first came across the term "vaginismus", after she began Googling her symptoms online. The realisation that she could have this condition came as a huge relief.

"It meant other people have this, I'm not alone," says Zoe, adding that she received further reassurance once she gathered the courage to open up to her friends about what she was going through.

“Even from my own close circle of friends, people who were in relationships said, ‘That happened to me at the start of the relationship,’ I was just like, ‘Wow! Revelation.’ I did not know other women had this, needless to say some of my friends.” Seeking further information and peer support, Zoe joined private Facebook groups online, such as www.facebook.com/groups/Dyspareunia.Support/, but also decided to start seeing a sexual therapist over two years ago to get to the root of her anxieties; though it took two attempts to find somebody she felt comfortable confiding in. “Self-esteem and relationships is what I’m working on and that helps overall with body image and valuing yourself; you’re not just a sexual object,” explains Zoe.

She also began to recently use vaginal trainers (dilators) to help reduce her fears around penetration, but has realised that there are other ways of expressing and enjoying intimacy; especially since she started seeing somebody with whom she feels a real emotional connection.

She recently had a “breakthrough” and was able to achieve penetrative intercourse with her partner for the first time; but reflects that an important part of her journey has been learning to “embrace my sexuality and my struggles with it.”

“I look back on my twenties without regret, for all the lovers that came before, even those who didn’t understand, because I misunderstood myself most of all,” she says. “Having this experience has taught me that you must value yourself above all, and that you’re doing this on your terms, not for anyone else.”

While Zoe attributes many of her anxieties to her conservative upbringing, she feels that the “era of Tinder and hook-ups” also present challenges for young women today. “I feel like this kind of pressure, ‘Oh you’re young, you’re single, you should be going out every weekend, bringing someone home,’ which I think, no that doesn’t suit everyone,” she explains.

To anybody suffering in silence with vaginismus, Zoe recommends doing some research, confiding in close friends, joining a peer support group online and finding a therapist that you feel can support you. Most important, however, is to know that the issue is more common than many people realise; and that there is help. “There’s no reason to feel alone about it,” she stresses. “No reason at all.”



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have developed a distorted view of their bodies, and often firmly believe that there is physically no space in their vagina to allow for penetrative intercourse, even when doctors have ruled out any medical issue.

“There is total belief that it’s impossible,” she explains. “They will fight, argue with you about this: ‘I know you are saying this, I know it’s common, but in my case, it’s not possible because you can’t go in there.’ And they never used tampons or never looked in that area. It’s kind of alien.”

Therefore, part of the therapy for vaginismus is also providing education on how the sexual organs work, including explaining the arousal cycle that makes penetrative intercourse possible.

“I often draw this on the board on the flip chart and say, ‘This is a vagina in a normal situation, this is one that’s aroused...’ and this actually opens up a lot of understanding,” says Eithne. “It’s slow, but if people are committed and they kind of allow the information in about the possibility, they make good progress.”

Other forms of therapy can range from mindfulness to the use of trainers (dilators), which are tampon-shaped objects in different sizes that the client can use at home. If a client is in a relationship, however, Eithne will often invite the partner to the therapy session (once the client is comfortable with this) to discuss other ways of achieving intimacy and work towards penetrative intercourse step-by-step in a gentle and reassuring way. And even the smallest progress can have a huge impact on their confidence.

“When they see there is a possibility that it might be ok, they are over the moon,” says Eithne. “They’re new people; in all aspects of their life.”

Having seen many women overcome vaginismus – and even succeed in starting their families – she wants to reassure those suffering with the condition that they are “absolutely not alone”.

“It’s more common than you know and there is definitely help and I can definitely, honestly say that a lot of the people in the country have been helped,” she says. “Don’t go living in silence about it.”

FURTHER INFORMATION

For further information on Maria McEvoy, including how to take part in the study, visit vaginismusresearchireland.com. Eithne Bacuzzi is in private practice in Sandyford, Co Dublin. To make an appointment, call 087-902-9606.