

SEXUALITY AND PAIN: A REAL CHALLENGE

There are some conditions which can cause women to have pain, sometimes described as a burning, an irritation or a rawness. It may occur with intercourse, masturbation, partner attempting to penetrate the vagina with fingers, or other sexually stimulating activity. Many times numerous treatments have been tried, with little success. The pattern of experiencing pain with sex, sometimes for a long period of time, can be very challenging for women and for their partners. The pain may be persistent or recurrent, but the fact that the women cannot predict when they may or may not experience pain means that they are always vigilant that pain could happen. This can set up a cycle of women and partners anticipating pain, which, in itself, is distracting.

Phase Description:

Desire

Interest in engaging in sexually arousing activity. Chronic pain can be a secondary cause of low sexual desire.

Arousal

The vagina becomes moist with lubrication, blood flows into the area creating a sensation of fullness. Pain is not supposed to be a part of sexual arousal, and so when it occurs we call it an arousal phase difficulty.

Orgasm

Some women have orgasms regularly with sexual intercourse while others do not. This is normal, and is not a dysfunction. If a woman can have an orgasm with her sexual partner in some manner, the orgasm phase is intact. Vulvar or vaginal pain does not in itself lead to difficulties with orgasm. However, pleasure can be substantially blunted if pain or anxiety about pain is a part of the sexual experience. Distraction because of pain or fear of pain can also affect whether or not a woman is orgasmic.

HELPFUL STRATEGIES TO DEAL WITH PAIN AND SEX:

1. Establish a working alliance with a health care provider. This should include a working relationship with a provider or team who validates the pain you are experiencing. This alliance should include:

* Medical evaluation and treatment recommendations. It is important to find a health care provider who understands the problem of vulvar or vaginal pain. An accurate diagnosis is

vital so that treatment is appropriate. Your part will be to provide clear background information and medical records.

*An acknowledgment of the pain you are experiencing. The clinician will understand that you have pain, and that pain is interfering with your sexual pleasure and sense of well being. You will understand that even pain that is 100% physical in origin will have some psychological effects, because sexuality is a part of primary identity. When you repeatedly experience pain with sex that identity is also injured.

*The provider or team can help “normalize” the experience of frustration you may be having. This can help with a feeling of isolation. Couples dealing with painful sex often feel they are quite alone in the experience.

* Honest exchange and communication is ideal.

2. Expand your sexual repertoire. Focus on sensual as well as sexual. When sex begins to be associated with pain, the experience of sensual pleasure can be lost as well. Sensuality can be re-introduced with “non-demand” massage, cradling, backrubs or other activities. Some couples become touch avoidant when they have experienced the cycle of pain.

* Avoid sex that hurts. This may seem obvious, but we have found conversely, some women may grit their teeth through uncomfortable sex because they feel that they are unfairly depriving their partner of the partner’s satisfaction. Health care providers have noted, however, that partners are distressed when they sense that the woman is not being straightforward about the fact that she is in pain. They don’t want to cause hurt or harm, and generally do not find sex pleasurable that causes pain.

* Experiment with a sexually stimulating activity that does not involve penetration. Oral sex, sex using a vibrator, massage, kissing, fondling, have all been found to be pleasurable alternatives to intercourse. If some of these ideas are objectionable to one or both partners, this should be frankly discussed. We have found that many couples have gradually become interested in alternative activities by slow exposure and experimentation. Again, clear communication is important, including paying attention to what is experienced as unpleasant.

* Sexual activity is not outcome (orgasm) oriented. Our culture tends to reduce sex to the idea of orgasm and ejaculation. Incorporating sexual and sensual play where the goal is simply to experience the moment has been liberating to many couples. Couples tell us that—if anything can be considered positive about vulvar pain—they have greatly expanded their definition of sex by concentrating on the pleasure of the moment and to greatly de-emphasize orgasm.

3. When other problems occur, secondary to vulvar pain

Involuntary pelvic muscle contraction (vaginismus).
Sometimes pelvic muscles contract involuntarily as a response to fear of pain. This is much like involuntary blinking will happen if there is a threat that something is flying straight for your eye. Sometimes it is difficult to sort out the origin of the pain. We will work with you to carefully determine whether you may be experiencing a muscle tightening in addition to vulvar pain. Fortunately there are techniques which work to overcome this symptom.

Work with your clinician or team to determine a treatment.

* Partner sexual difficulty.

Your partner could develop a sexual difficulty in response to your vulvar pain. This is understandable when you consider how frustrating the cycle of pain with sex can be for both of you. Sometimes partners withdraw from initiating sexual contact, or even touch contact, because of the fear of causing pain. Some men have developed erection difficulties. Perhaps they don't see the connection between not being able to get an erection and the fear of causing their partner pain. Couples who are experiencing more than one sexual problem at once may benefit from discussing this with a therapist who understands sexual functioning.

* Low interest in sex. This bears repeating. If your experience with sexual activity before the onset of vulvar pain was positive, and your energy for sex was fairly high, the fact that you don't have interest in sex now is probably because of the frustrating challenge of the presence of pain. If you never had interest in sex and primarily engaged in sex for your partner's sake, you may want to examine this. What do you want your sexual life to be and what it would take (besides being without pain) for this to happen? If you have always wanted to avoid sexual contact because you find it unpleasant or fearful, discussing this with a therapist or trusted advisor may provide you with some insight about this problem.

Here are some resources that can give you more information on this issue and may help you generate questions to ask your health care provider.

Books:

“The Vulvodynia Survival Guide: How to Overcome Painful Vaginal Symptoms and Enjoy an Active Lifestyle” Glazer,H., Rodke, G., New York, New Harbinger, 2002.

“The V Book: A Doctors Guide to Complete Vaginal Health”, Stewart,E., Spencer, P., New York, Bantam, 2002

“Private Pain: It's About Life, Not just Sex”, Katz, D., Tabisel, R, Center, 2002

Websites

National Vulvodynia Association

www.nva.org

Vulvar Pain Foundation

www.vulvaarpainfoundation.org

Women's Sexual Health Foundation

www.twshf.org

www.vaginismus.com

American Association of Sex Educators, Counselors and Therapists

www.aasect.org

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