

Hush Hush No More: Understanding Vaginismus from a Mental Health Counseling Perspective

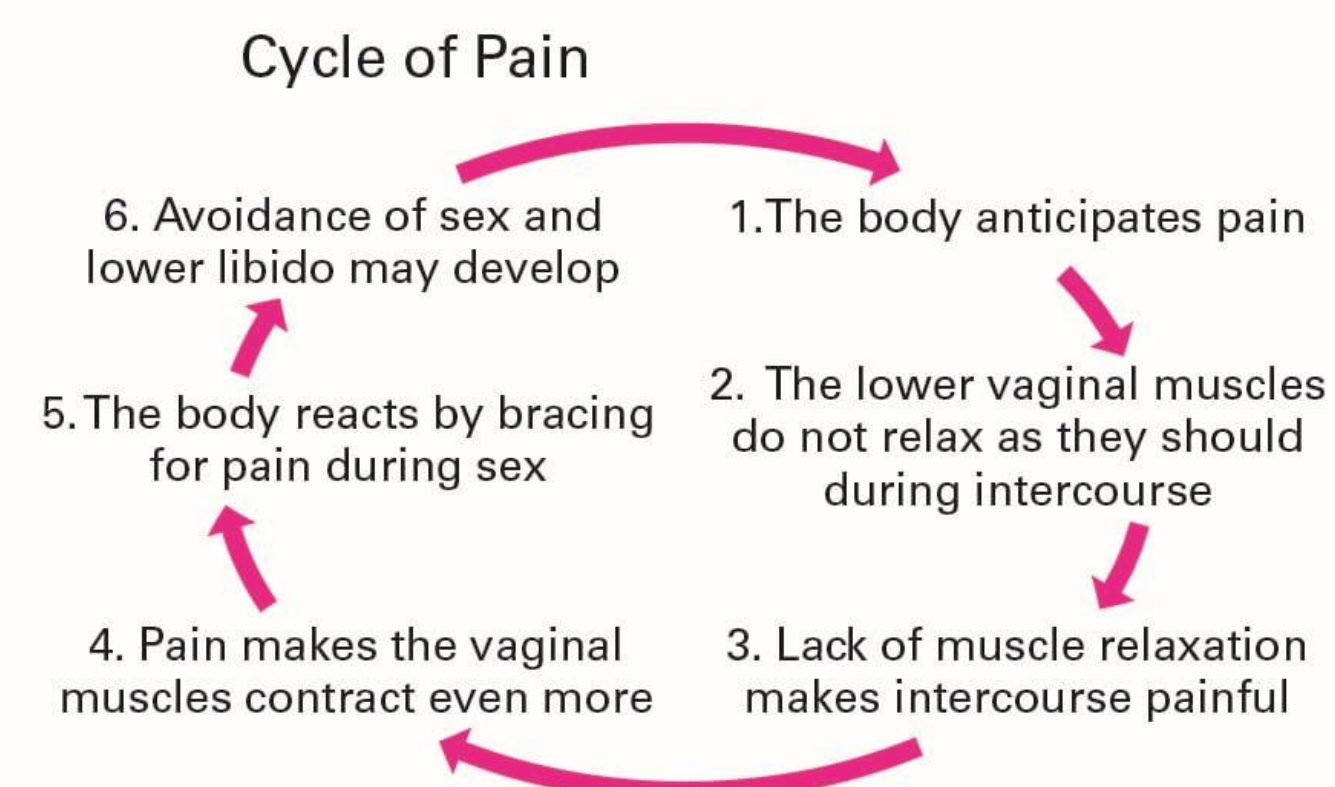
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Introduction

Vaginismus, a sexual dysfunction disorder, is when the outer vaginal muscles contract during intercourse or pelvic examinations which causes uncomfortable or painful spasms (Cleveland Clinic, 2020; American Psychiatric Association, 2022)

Potential causes: natural phobic response penetration, sexuality suppression, fear of sexual intimacy, pain from sex, loss of control of the body, disintegration of the self, responses from male partners, or even death from intercourse (Tetik & Yalçinkaya-Alkar, 2021; McEvoy et al., 2021).

Consequences: stigma and shame, relationship and/or sexual dissatisfaction, disturbances in body image or gender roles, and increased pain (McEvoy et al., 2021; Omidvar et al., 2021)



(Frank, 2015)

Methods

Women will be recruited through vaginismus support groups on Facebook. Women must be 18+, live in the USA, and have a vaginismus diagnosis

Participants will complete a RedCap survey about their lived experiences with vaginismus, including, their symptoms, knowledge about the condition, and psychological and/ or alternative medical treatments they have used. Participants will be given a \$10 Amazon gift card for their participation. All survey responses will remain confidential, and participants have the right to not respond or stop the survey at any time.

The measure and results are not yet determined as this study remains in progress

Treatment Alternatives

Transvaginal biofeedback (TVBF) and electrical stimulation (EStim) are non-surgical treatment modalities to treat vaginismus and chronic pelvic pain (Bendanas t al., 2009).

Dilator training has shown more successful cases than finger training. In a study with 62 married participants, 27 of them had dilator training, and 17 women who had finger training were able to achieve pain-free intercourse (Aslan et al., 2020).

Counseling techniques

Evidence-based counseling techniques: marriage and family therapy, cognitive-behavioral therapy, somatic experiencing, sex therapy, and EMDR.

Discussion

- More research is needed to better understand the relationship between vaginismus and trauma (McEvoy et al., 2021; Tetik & Yalçinkaya-Alkar, 2021)
- Sexual experiences are a combination of biological, sociocultural, and psychological factors- important to consider in the diagnosis and treatment of vaginismus (American Psychiatric Association, 2022)
- Treatment efficacy, whether it be psychological or medical, will vary differently between clients.
- Mental health counselors should provide evidenced based practice to treat this condition, however, they should refer to specialists if necessary (etc. medical doctors, domestic violence shelters)
- Cultural considerations: stages of development, gender diverse individuals (American Psychiatric Association, 2022)
- Since many people do not receive treatment for vaginismus, the symptoms could be overlooked, and mental health counselors could do their part in reducing stigma by encouraging clients to seek therapy and healthcare to treat this condition.

References

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