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When the Body Says No: The Experience of Vaginismus and the Validity of Female Pain

Georgia Haire

'If you lack words for a phenomenon, an emotion, a situation, you can't talk about it, which means that you can't come together to address it, let alone change it.'
— Rebecca Solnit, *Our Words Are Our Weapons*

Vaginismus first entered medical discourse in 1861, when American gynaecologist, Dr. J Marion Sims, named and described vaginismus, linking symptoms of vaginal hypersensitivity to muscular spasms.[1] Today, vaginismus is similarly defined by the NHS, characterised as a recurrent involuntary tightening of muscles around the vagina whenever penetration is attempted.[2] Although these very precise medical descriptions do not encapsulate the entire or every experience of the condition, it is generally agreed among sufferers that this tightening of the vagina means that penetration is near impossible, and very painful. The use of tampons, penetrative intercourse, cervical examinations, and other activities become sources of guilt, shame, and fear for vaginismus sufferers. Vaginismus is an underdiagnosed condition, which sufferers often must treat themselves, away from medical support or guidance.[3] It is contested by doctors, and often partners, who do not believe that there is anything wrong with the sufferer, and that what they report about themselves is incorrect. In recent years, vaginismus has begun to be more openly discussed in the media, with women's experiences of the condition being discussed in articles on sites such as the *Guardian*, *Refinery29*[4] and *Jezebel*.[5] However, as vaginismus has a history of being a neglected condition within medicine, there is little academic literature that discusses its diagnostic history, or the reasons for such neglect within medical and public discourse. This is even more intriguing considering when the condition was first defined. Peter Cryle has

[1] Peter Cryle, 'Vaginismus: A Franco-American Story', *Journal of the History of Medicine and Allied Sciences* 67 (2012): 71

[2] *NHS* [online], 'Vaginismus', January 2018. Available from: https://www.nhs.uk/conditions/vaginismus/

[3] Peter Pacik, 'Understanding and Treating Vaginismus: A Multimodal Approach', *Obstetrical & Gynecological Survey* 70 (2015): 314.

[4] Rachel Zar, 'Burning Love: What To Do When Sex Hurts', *Refinery29,* 11 June 2013, available from: https://perma.cc/2JPP-RWYD

[5] Faith Cotter, 'When Tight Becomes Too Tight: A Helpful Primer On Vaginismus', *Jezebel,* 23 January 2015, available from: https://perma.cc/X2N5-ZQQP

investigated the intellectual disputes surrounding the definition of vaginismus in the 19th century, as well as its links to frigidity at the beginning of the 20th century. Cryle's work has focused on the condition in a Franco-American context, and the definition and construction of vaginismus from the perspective of the medical establishment, not how the condition and its treatment has been experienced by sufferers. However, there exists some scholarship that discusses the condition. Vaginismus has been mentioned in the work of sociological scholars writing about female genital pain, where it is often included as part of a group of sexual pain disorders. Christine Labuski recently published a book on female genital pain, *It Hurts Down There: The Bodily Imagination of Female Genital Pain,* that analyses the largest known set of qualitive research data about vulvar pain conditions. Labuski discusses vaginismus, or myalgia (muscle pain), within her text, as the condition can arise because of genital and vulvar pain. [6] Vulvar pain has a similar history of being a condition neglected by the medical profession, centred around a part of the female body that is often not discussed. Thea Cacchioni has written several papers on the medicalisation of sex and women's sexual pain that has included a discussion of vaginismus, as well as women's experiences of the condition and its treatment. *From Midwives to Medicine: The Birth of American Gynaecology* by Deborah Kuhn McGregor provides a background to the history of the use of dilators to treat vaginismus, covering Sims' development of the treatment. Considering the limited academic literature exploring vaginismus, this research will therefore be examining a largely unexplored area and will be contributing to the formation of an academic discussion regarding the history of the condition, and the cultural and medical constructions surrounding its treatment. This article will seek to address the neglect surrounding the condition by examining the patient experience of vaginismus using online forum discussions, podcast interviews, and articles written by individuals with vaginismus, which, given the nature of the condition, offer a first-hand insight into what life is like with vaginismus. By taking the experience of vaginismus as my starting point, I will argue that the medical approach and response to vaginismus is shaped by wider cultural perceptions about the believability and validity of female pain. Female pain, in both a historical and contemporary context, is viewed not as fact, but as a misimpression or misinterpretation of bodily

[6] Christine Labuski, *It Hurts Down There: The Bodily Imagination of Female Genital Pain,* (Albany: SUNY Press, 2015), 102

events. Vaginismus is not the only condition that has been placed in this context of neglect. Other sexual pain disorders, such as vestibulodynia, vulvodynia and dyspareunia, have also been met with doubt and disbelief. An examination of the disbelief surrounding female reportage of their own bodily events will not only be beneficial in terms of the perception of vaginismus, but also for women's health.

Vaginismus is a commonly experienced medical issue, affecting about 1-7% of the female population worldwide.[7] It is a poorly understood and underdiagnosed condition, for which many women do not gain support. This is due to the lack of knowledge on the condition, for the shame and embarrassment felt by vaginismus sufferers, which means many do not discuss the issue, and as discussed later, the conflation between 'normal' and pathological pain. Embarrassment surrounding the condition stems from an inability to engage with particular activities that are viewed as key to participating in womanhood, such as inserting a tampon or engaging in penetrative sex. As the condition relates to the vagina, an area of anatomy that is not often discussed openly, this creates another reason for sufferers to keep their issues to themselves. There is a wide range of reasons as to why a woman might develop vaginismus. A woman may have difficulty understanding sex or have feelings of guilt and shame associated with sex because of religious reasons, lack of sexual education or miseducation about desire, or the sufferer may have had an upbringing where sex was not discussed. An uncomfortable first experience of penetrative sex, an unpleasant medical examination, genital surgery, childbirth, a painful medical condition, such as thrush, or an experience of sexual assault, may also lead to vaginismus.[8] Vaginismus might also develop as a result of sexual pain from conditions such as endometriosis, a genital infection, or pelvic inflammatory disease. Sexual pain disorders, like vulvodynia, can also contribute to vaginismus. For some sufferers, it may also be that there is so discernible reason or cause of the condition, which can lead to further confusion and distress.

The pain of vaginismus is not limited to sexual contact but has largely become to be defined as a sexual pain disorder. Perhaps this is not remarkable considering Western society has defined

[7] Peter T. Pacik, 'Vaginismus: Review of Current Concepts and Treatment Using Botox Injections, Bupivacaine Injections, and Progressive Dilation with the Patient Under Anesthesia', *Aesthetic Plastic Surgery* (2011), 1-6 (p. 6).

[8] *NHS* [online], 'Vaginismus', January 2018. Available from: https://www.nhs.uk/conditions/vaginismus/

penetration as the ultimate form of sexual contact for both men and women in heterosexual relationships, placing an androcentric bias on sexual experience.[9] However, difficulties in engaging in painless penetrative sex are not the only concern of women suffering with vaginismus, nor is this the dominant issue for some sufferers. For some, it may be that being able to insert their own fingers or a tampon into their vagina is the ultimate goal of treatment, or that the inability to engage in these activities is as worrisome as not being able to have penetrative sex. In online forums, where users can speak more freely about their difficulties with their peers, these issues are all flagged as concerns of sufferers, and are viewed as considerable accomplishments when achieved. One sufferer discussing her experience with the condition on *Reddit* said that she felt proud about being able to use tampons: 'The biggest benefit isn't having the sex. It's the pride I feel in myself for having accomplished this. And the happiness because I am finally in control of my body'.[10] For others, being able to manage potential childbirth is more worrying that painful penetration.

One *Mumsnet* user said: 'As I'm about to start the 3rd trimester, I've started worrying about childbirth....as sex is so painful and I always tense up, I'm terrified about having to have a forceps delivery or having a massive tear'.[11] Another user expressed her concerns about getting pregnant again, stating that her experience with her pregnancy was traumatic: 'The worst bit for me were the examinations, they were incredibly painful & felt hugely violating. I had to be pinned down by my DH (Dear Husband), it was awful. I still have nightmares about them'.[12] This is not to suggest that painful sex is not a concern to sufferers, but that it is one of a range of issues that matter to women with vaginismus. The framing of vaginismus as an issue that predominately relates to heterosexual sex can be problematic for some women in terms of diagnosis and treatment, such as queer or asexual women. One woman writing on a film documentary blog, who identifies as a queer woman, highlights how self-help sites and medical professionals have responded in frustrating ways to her condition and how it makes her feel:

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[9] Rachel P. Maines, *The Technology of Orgasm: 'Hysteria', the Vibrator and Women's Sexual Satisfaction,* (Baltimore: The Johns Hopkins University Press, 1999), p. 49.

[10] *Reddit* [online]. 'Feeling alone as a Queer Woman (21F), 8 July 2016. Available from: https://perma.cc/MPL9-NZEN

[11] *Mumsnet* [online]. 'Sex is always painful.... Will I have problems during childbirth?', 2 August 2015. Available from: https://perma.cc/5AJW-QSAE

[12] *Mumsnet* [online]. 'To request a c section?', 4 April 2015. Available from: https://perma.cc/EF5M-RGSW

> *Women who desire sex with women don't have vaginismus. Because apparently painful penetration is only supposed to happen to heterosexual women? … I don't need penetration to have sex and even if I did I don't need a penis for penetration. But I do need regular health exams, so can we please get past narrow views on sexual mechanics and how they relate to my preferences?*[13]

The distress felt by many women dealing with vaginismus is not only linked to the pain felt on the attempt of penetration, but the fact that this pain prevents them from living up to socially constructed heterosexual norms.[14] Vaginismus has been linked to frigidity, both in a contemporary and historical context. The 1920s, during what Sheila Jeffreys considers to be the first 'sexual revolution', saw a loosening of sexual taboos on marital, heterosexual activity.[15] The 'deviant' women who resisted or were unenthused about their new roles for sexual intercourse were labelled by sexologists as 'frigid', a term that could be insultingly weaponised against such women.[16] In contemporary society, women and girls who abstain from sexual activity, for whatever reason, are also negatively labelled as 'frigid', and there exists the stereotype of the 'frigid' virgin, as well as a common belief that sexual desire is an inherent aspect of the male experience, but not the female.[17] With vaginismus, this stereotype is particularly damaging if applied to a sufferer of the condition, as it dismisses their issue as a dislike of sex or a lack of desire, which is not necessarily the case. Sexual pain excludes women from what heterosexual norms deem as 'real' sex; the kind of sexual activity that many sufferers feel is essential to maintaining their romantic relationships with men.[18] Certainly, in the 1950s and 60s, Western doctors believed that mutually satisfying sexual experiences within a marriage would solidify both the emotional and legal commitment that a couple had to one another, thus sexual pleasure formed the basis of a stable relationship.[19] A 2017 episode of the podcast *The Heart,* written and produced by

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[13] *How To Lose Your Virginity* [online], 'V-Card Diaries: Distracted Dragon "I'm offended by responses to my vaginismus, when coupled with my "virginity" and queerness."', 9 July 2014. Available from: https://perma.cc/V99S-G6LV

[14] Janine Farrell and Thea Cacchioni, 'The Medicalisation of Women's Sexual Pain', *The Journal of Sex Research* 49 (2012), 328-336 (p. 329).

[15] Sheila Jeffreys, *The Spinster and her Enemies: Feminism and Sexuality 1880-1930',* (Melbourne: Spinifex Press Pty Ltd, 1997), p. 165.

[16] Jeffreys, p. 169.

[17] Susan Sprecher and Pamela C. Regan, 'College Virgins: How Men and Women Perceive Their Sexual Status', *The Journal of Sex Research* 33 (1996), 3-15 (p. 11).

[18] Farrell and Cacchioni, pp. 328-336 (p. 331).

[19] Carolyn Herbst Lewis, *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era,* (Chapel Hill: University of North Carolina Press, 2010), p. 38.

the writer Abigail Bereola, features the voices of women discussing their experiences with vaginismus, including how their male partners have responded to their condition. One woman said her boyfriend joked about getting a concubine, another woman's partner blamed her for trying to sabotage their relationship and one woman felt she couldn't leave a relationship that made her unhappy because no one else would deal with her sexual problems or love her because of it.[20] For these women, their difficulty in being able to perform penis-in-vagina (PIV) sex threatened the stability of their relationships with their male partners, a view that is also seemingly encouraged by the attitude of some of these partners. This highlights the unacknowledged effort that heterosexual women are expected to devote to both their own and their partner's sexual desires and activities, what Thea Cacchioni defines in this context as 'sex work'.[21]

According to Cacchioni's argument, within the institution of heterosexuality, vaginismus sufferers are therefore not only responsible for 'working' on their own sexual issues and manging their feelings regarding their condition, but must attend to their partner's needs as well. An antagonistic partner can disrupt the sufferer's progress with overcoming vaginismus, as can the privileging of a partner's needs before their own health.[22] Writing about her experience of vaginismus within her marriage, Jess E. Jelsma states that when she was researching the condition she found articles about how a wife can work to 're-ignite the flame', what numbing cream to buy, and that reminded women that divorce is likely in cases of 'female sexual inadequacy'; nowhere did she find a study or article that suggested male partners might contribute to ongoing sexual pain.[23]

Vaginismus causes issues for women in their private, domestic lives, but sufferers also find it difficult to negotiate or discuss their condition in a medical context, or to have their condition taken seriously by medical professionals. Medical practitioners who have little knowledge of vaginismus may find it hard to understand the patient's issues, and consider her as hypochondrial, especially if

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[20] Abigail Bereola, 'it's not me it's you'[online], *The Heart,* podcast audio, 8 August 2017. Available from: https://perma.cc/2CTT-P5L8

[21] Thea Cacchioni, 'Heterosexuality and 'the Labour of Love': A Contribution to Recent Debates on Female Sexual Dysfunction', *Sexualities* 10 (2007), 299-320 (p. 301).

[22] Jo-Marie Kessler, 'When the Diagnosis is Vaginismus', *Women and Therapy*, 7 (1998), 175-186 (p. 182)

[23] Jess E. Jelsma, 'Frigid' [online]. *The Rumpus,* 18 March 2016. Available from: https://perma.cc/QN43-9AL5

an examination proves that everything is 'normal'.[24] It can take a lot of courage for a woman to see a doctor about her condition, a problem that she finds embarrassing and extremely personal. To then be told that there is no issue can be disappointing and frustrating.[25] If vaginismus is not diagnosed during initial appointments, then practitioners may offer more general advice and reassurance on topics such as lubrication or relaxation.[26] This too can be frustrating. One sufferer writing on *Mumsnet* said that when she went to her doctor about her condition: 'they actually told me to "have a glass of wine and relax" and sent me on my way with a pack of lubricant!'[27] Speaking in an article for *Mic,* a sufferer named Marla spoke of how her doctor said that: 'sex was supposed to feel nice, and that I should try to relax. That was it. That was all there was to it'.[28] In a qualitive study by Kat Macey and others, three women had been repeatedly tested for STIs, a process that they saw as disrespectful and unnecessary. One of these women felt that: 'It was like they were calling me a liar'.[29] These types of advice or misdiagnosis can not only encourage feelings of doubt about what the sufferer is experiencing, but also shame and a feeling that the issue is their fault for not being able to 'relax'. When seeking treatment for vaginismus, a woman is often told that nothing is wrong, despite knowing that she feels pain.[30] Her claims are contested, and her experiences are questioned, not only by those close to her, but by those who could legitimise these experiences as a medical issue. To have pain is a certainty, but to hear someone else's pain is to have doubt.[31]

Understanding the pain of someone else is difficult. Being outside of a sufferer's body, unable to feel what they feel, produces uncertainty and doubt about such pain. This doubt can be problematic in a medical context, where physicians may already view the voice of the patient as unreliable in

[24] Kessler, pp. 175-186, (p. 178).

[25] Kessler, pp. 175-186 (p. 178).

[26] Kat Macey and others, 'Women's Experience of Using Vaginal Trainers (Dilators) to Treat Vaginal Penetration Difficulties Diagnosed as Vaginismus: a Qualitive Interview Study', *BMC Women's Health* 15 (2015), 1-12, p. 4

[27] *Mumsnet* [online], 'Vaginismus- Anyone out there??', 29 December 2016. Available from: https://perma.cc/GUP9-K9M6

[28] Sophie Saint Thomas, 'This Is What It's Like To Be Shamed For Having Vaginismus' [online]. *Mic,* 30 December 2015. Available from: https://perma.cc/S3SL-URTY

[29] Macey and others, pp. 1-12 (p. 5).

[30] Kessler, pp. 175-186 (p. 178).

[31] Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World,* (Oxford: Oxford University Press, 1985), p. 7.

relating their bodily events.[32] But in cases where the only external sign of pain is the patient's narrative, such as with vaginismus, then to ignore this narrative is to ignore the bodily event and ignore the pain itself.[33] Using this example, Elaine Scarry highlights how intricately the validity and belief of pain is bound up with the issue of power.[34] Considering the historical and contemporary understandings of female bodily events and pain, and perspectives of the expression of such pain, it could be said that female pain is also bound up in issues of power. Women have often been labelled as hysterical or neurotic when expressing pain or distress, particularly if there is no tangible, pathological cause for such responses. This has certainly been the case when diagnosing vaginismus, and within its diagnostic history. For Félix Roubaud, a 19th century French physician, vaginismus represented a risk of medical failure, due to it being a condition in which a women's genitals showed no signs of disease or of a physical issue.[35]

The neglect surrounding the condition of vaginismus can therefore be connected to concepts of the invalidity of female pain within medical and wider societal cultures. Female pain cannot be believed as fact, and neither can the pain of vaginismus. It could be argued that vaginismus is also seen as invalid or unbelievable because of the societal connections between pain and a women's experience of sexual intercourse, or at least with her own reproductive organs. A 2001 paper titled 'The Girl Who Cried Pain', highlights how women often experience pain as part of their biological processes, such as menstruation or childbirth, and must learn to sort 'normal' biological pain out from potentially pathological pain.[36] A woman's initial encounters with penetrative sex are often described as painful, or at least a woman is told to expect that they shall be. The late-thirteenth century text, *Women's Secrets,* suggests that a virginial vagina would be vulnerable to injury on first intercourse as it was tighter and more sensitive.[37] In more contemporary culture, tightness and pain remain the definitive characteristics of a woman's first sexual experience. Like pain associated with menstruation and other

[32] Scarry, p. 6.

[33] Scarry, p. 6.

[34] Scarry, p. 12.

[35] Peter Cryle and Alison Moore, *Frigidity: An Intellectual History — Genders and Sexualities in History,* (London: Palgrave Macmillan, 2011), p. 77.

[36] Diane E. Hoffmann and Anita J. Tarzian, 'The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain', *Journal of Law, Medicine & Ethics* 29 (2001), 13-27, p. 16.

[37] Anke Bernau, *Virgins: A Cultural History,* (London: Granta Books, 2007), p. 7.

processes, such sexual experiences are similarly perceived to be a normal biological pain, a natural hurt that is an essential component of intercourse, or at least initial intercourse. Indeed, psychological treatment of vaginismus partly focuses on dispelling commonly held misconceptions about sex, such as that it is supposed to hurt and that women must be coaxed into intercourse.[38] Perhaps then, when a woman identifies a 'normal' pain as a pathological kind of pain, such as the symptoms identified with vaginismus, that pain cannot be seen as valid. When expressing pain, as the author Leslie Jamison states, women seemingly must defend themselves from the litany of old charges: performative, pitiful, selfpitying, pity hoarding, pity mongering.[39]

Women and their reports of pain are often discounted by Western healthcare professionals, and there is also a certain reticence that often surrounds women's health, a hushed tone that is adopted when talking about female illness and complaints.[40] Even commonly and regularly experienced female events, such as menstruation, are viewed as topics that should not be discussed, or even kept secret. Writing about the material culture of tampons and sanitary towels, Rebecca Ginsburg discusses the great lengths that women and girls go to concealing their periods, developing tactics for smuggling and purchasing menstrual products, anxious that their menstruation will be not be detected, especially by men.[41] If women feel as though they should conceal such an innocuous bodily event as menstruation, then it follows that other aspects of women's health are also cause for secrecy. As vaginismus is a condition that is inherently associated with the female, and so with women's health, perhaps this goes some way to explain why the condition has not been thoroughly discussed in academic, medical, and wider culture. The way in which female pain is framed by healthcare professionals is significant, as it is these professionals who play a fundamental role is defining femininity. Medical discourses shape how women see themselves, pointing to the crucial biological events of a woman's life as sources of

[38] Kessler, pp. 175-186 (p. 180)

[39] Leslie Jamison, *The Empathy Exams: Essays,* (London: Granta Books, 2015), p. 204.

[40] Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Nineteenth Centuries,* (Madison: University of Wisconsin Press, 1993), p. 140.

[41] Rebecca Ginsburg, '"Don't Tell, Dear": The Material Culture of Tampons and Napkins', *Journal of Material Culture* 1 (1996), 365-375, (p. 371).

selfdefinition.[42] If a woman has an issue achieving these events, or engaging with them in the 'correct' way, then such an issue could be more problematic than it first appears. For a vaginismus sufferer, penetrative pain may not only indicate hurt, but an inability to engage with cultural constructions of womanhood. Tampons cannot be inserted; self-insertion and self-exploration is difficult; penetration during sexual activity is impossible, and childbirth seems unimaginable. How medical culture perceives vaginismus also has wider implications that extend beyond the hospital or the GP's office. Medical culture is a system that permeates popular culture, and so its ideas and practices are something we are all familiar with, and participate in to some degree.[43] In other words, how medical professionals view vaginismus impacts how wider society views the condition. The medicalisation of women's bodies and bodily events has sometimes proved problematic, but in the case of vaginismus, the desire for medical recognition has been patient led. For many women with vaginismus and other sexual pain disorders, distress over their condition stems not only through the pain of it, but from months or years without a diagnosis, helpful advice or medical support.[44] For such women, medical recognition represents the medical and social legitimisation of experience, without which many would feel that their pain is unreal.[45]

In conclusion, the societal and medical neglect of vaginismus is linked to wider disbelief surrounding the validity of female pain, as well as views about what constitutes 'normal' and pathological pain. Heteronormative norms, persistent stereotypes about the nature of female desire and sexuality, and the privileging of penetrative sex in heterosexual relationships further compound feelings of inadequacy on behalf of the sufferer, as well as the scepticism surrounding vaginismus. The perception of vaginismus as a purely sexual, and indeed, heterosexual, issue has made it difficult for some women to seek and progress with treatment for this condition. In recent years, however, vaginismus has become a more recognised and talked about condition, both in private and public spheres. Vaginismus has featured in plotlines on recent television series, such as Netflix's *Unorthodox*

[42] Judith Bush, '"It's Just Part of Being a Woman": Cervical Screening, the Body and Femininity', *Social Science and Medicine* 50 (2000), 429-444, (p. 430).

[43] Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction.* (Boston: Beacon Press, 2001) p. 13.

[44] Farrell and Cacchioni, pp. 328-336 (p. 333).

[45] Farrell and Cacchioni, pp. 328-336 (p. 333).

and *Sex Education*, was the subject of a 2018 stage play titled *How to Skin a Cat*, and even has its own national awareness day, launched by a London sex toy shop in 2016.[46] The drive to establish vaginismus as a more recognised and better understood condition is being fronted largely by sufferers themselves. Both consciously and unconsciously, sexual pain organisations, self-help groups and internet forums have worked to create a network in which sufferers are able to feel less isolated because of their condition. Similarly, further discussion of the condition, as well as investigations into the treatment and guidance available, in both mainstream media and academic communities, can allow sufferers to identify their condition more easily, and to find support and treatment. These developing networks and recent wider cultural conversations have also benefitted medical professionals, allowing a better understanding of the symptoms and difficulties felt by their patients. More broadly, the topic of female pain is still a concept that invites doubt rather than credibility. The voices of female patients remain shrouded in a level of disbelief, despite the fact they are relating their experiences of their own bodies, their own pain, which is a major hindrance to how vaginismus and other sexual pain disorders are perceived by both the medical establishment and wider society. It is important to examine and question the power structures surrounding the articulation of female pain, lest the expression of such feelings continue to be framed as invalid.

[46] Hot Octopuss [online]. 'Vaginismus Awareness Day — 15th September', 8 September 2016. Available from: https://perma.cc/HL8Z-MHAL

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