

Certain socio-cultural aspects of prevalence and treatment of vaginismus in Georgia

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Vaginismus is considered one of the most severe female genito-pelvic pain/penetration sexual disorders. Vaginismus is extremely rare clinical entity in Western countries. However, in the context of Georgia it is interesting to highlight differences in the prevalence of this sexual dysfunction across-culture. Author discusses the phenomenon of virginity as one of the risk factors of vaginismus and the role of other socio-cultural factors in the development of this sexual disorder. High success rate of treatment of vaginismus among Georgian women is perhaps the product unique to the Georgian culture.

Key words: female sexual disorder, genitor-pelvic pain/penetration, prevalence, across cultures, virginity

Vaginismus is usually defined as an involuntary spasm of the pelvic muscles located in the outer third of the vaginal barrel. Typically, the muscle spasms occur in anticipation of intercourse or during intromission. Thus, when penile penetration is attempted, women and their partners report that the sensation is as if «the penis hits a 'Brick Wall' about one inch inside of the vagina» [1].

However, spasms may also occur during pelvic or self-examination; in extreme cases, this reflex contraction may follow attempts to insert anything into the vagina, including tampons, fingers, or a speculum [2].

At the 2nd International Consultation on Erectile and Sexual Dysfunctions in July 2003 in Paris, a multidisciplinary group of experts in the field has proposed new definition of vaginismus as: «The persistent or recurrent difficulties of the woman to allow vaginal entry of a penis, a finger, and/or object, despite the woman's expressed wish to do so. There is often phobic avoidance and anticipation/fear of pain» [3].

I.I. Garpinchenko at all supposes that today we can observe the process of reevaluation of classification of female sexual dysfunctions considering the gynecological status and age peculiarities [4].

Regarding DSM-5 classification vaginismus is defined as a genito-pelvic pain/penetration disorder refers to four commonly comorbid symptom dimensions: impossibility/difficulty having intercourse; genitor-pelvic pain; fear of pain or vaginal penetration, and tension of the pelvic floor muscles [5].

The term «Vaginismus» was first coined by Sims in 1871. Authors point out that vaginismus tends to be viewed as either a medical problem that is provoked by hypersensitivity specific to the genital organs or as a phobic (psychological) reaction resulting from fear of pain [6].

H. Musaph defined vaginismus as a hysterical symptom, or conversion symptom. In other words, a psychological complaint (anxiety) is changed into a physical symptom (vaginal reaction) [7].

The precise etiology of this sexual disorder is often unclear. There are various theories on the causes of vaginismus, each with its own therapeutic approach. For instance, R. Balon and R. Taylor Segraves elaborate psychoanalytical view, the behaviouristic view, the interactional view, the socio-cultural view, the pain view, the overactive view, the interactional view, the somatic view and the multidimensional view [8].

C. Turgul and E. Kabakchi provided additional evidence for the etiology of vaginismus. They studied the roles of family of origin, husband characteristics, anxiety, body image, and gender role iden-

tity in 40 married Turkish women (ages 19–35 years) and their husbands who sought treatment. They found that women did not have sexual contact frequently, were not very sensual during the sexual interaction, and had fears of pain, physical harm or even death during intercourse. Trait Anxiety level, wives evaluations of their husbands as undependable, and authoritarian-oppressive attitudes of the parents were predictive of vaginismus [9].

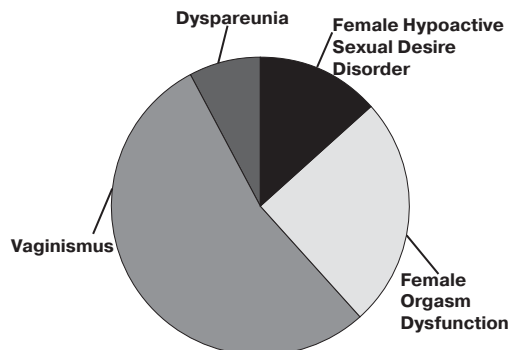
There have been few broad-based epidemiological surveys regarding the prevalence of vaginismus in the general population. Population-based estimates of vaginismus were 1% or less [11, 12]. Estimates of the prevalence of vaginismus in sexual dysfunction clinics have ranged from 5% to 42% [13].

Clinic samples really indicate that there may be important differences in the prevalence of vaginismus across cultures. P. Shokrolahi reported that 8% of a sample of 300 healthy, young married Iranian women reported vaginismus [14]. J. Barns believes that vaginismus is extremely rare clinical entity in North America and in most of Western Europe, but that is not uncommon in Ireland, Eastern Europe, and Latin America [15]. The last-highest estimate comes from Ireland, and may be the product of factors unique to the Irish culture [16].

In this context would be interesting to note that in the last four years in our Clinic from 202 female patients 55% were suffering from vaginismus. In comparison rates of Female Orgasm dysfunction (25%), Female Hypoactive Sexual Desire Disorder (13%) and Dyspareunia (7%) were significantly lower (Picture 1)*.

As you can clearly see our data differs from the reviewed literature. We can assume that high rate of vaginismus in Georgia is related to socio-cultural factors, particularly Georgian women abstaining from having sex before marriage and thus increasing a probability of vaginismus «nightmare» during the first wedding night. Very high number of this particular sexual dysfunction could also be indicative that Georgian women seek medical help as a last resort as level of sex education in Georgian society is very low and even non-existent.

Women suffering from vaginismus exhibit signs of hysteria and dramatic personality type that becomes apparent during medical examination [17]. Women with anxious, emotionally unstable and jealous personalities who afraid of pain and blood are more prone to have this disorder. They also have a persistent phobia of sexual act. They are perfectly aware how groundless their fears are but they are unable to overcome them. Pushing them to overcome it usually aggra-



Picture 1.

vates the situation. It becomes impossible not only to have intercourse, but even to simply touch genitalia or have gynecological exam.

In less severe cases of vaginismus women enjoy stimulation of clitoris manually or with partners penis, they enjoy petting and vestibular coitus, it is quite common to have oral or anal sex.

Clinical case 1

21 year old female was complaining about severe pain and spasms in uterus area during coitus. She got married 3 years ago. Before marriage she has anal sex with her fiance because she was afraid of vaginal penetration pain and wanted to remain virgin before the marriage. After the wedding couple attempted to have a vaginal intercourse but it was not possible due to severe pain and spasms. Reoccurrent attempts resulted in the same outcome. They regularly had anal sex. Because she was not getting pregnant parents demamd-ed she see a specialist. After the examination it was discovered that the patient was still a virgin and was sent to get vaginismus treatment at our clinic. Other gynecological pathologies were not noted.

The patient has lean body type, is tall and beatiful, exhibiting somewhat childish behaviour. Skin and hair on the skin are normal. Got her first menstruation at 13, her periods are regular and not painful. Test results, including hormone levels are normal. Psychological type of the patient is infantile. She was brought up in a strict household. Husband is very warm and affectionate. Patient has explained that anal sex didn't cause her any pleasure but she was so scared of vaginal sex she didn't attempt it in 3 years.

It is rather common in Georgia for women to believe myths that vaginal intercourse is associated with an excrutiating pain. Male partner's lack of experience during the first wedding night, as well as being scared to hurt his wife contributes towards more serious vaginismus development [18].

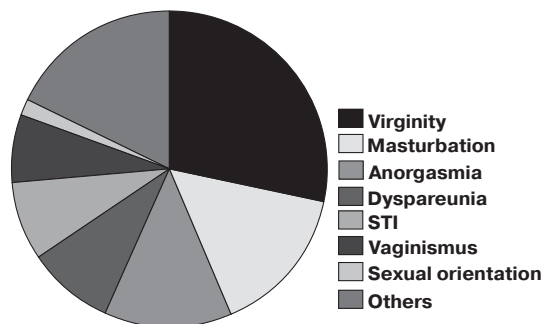
Certain authors also discuss the role of another socio-cultural factor - religion in patients suffering from vaginismus. In a rare empirical study with a comparison group, J. Barns interviewed 53 women who presented for treatment of vaginismus. These women were compared to 66 women treated at the same clinic for a variety of other sexual dysfunctions. Negative sexual conditioning that involved religious themes was more common in the vaginismic women (19% vs. 3%) [19]. This finding is pertinent to Georgian context as illustrated by the clinical case below.

Clinical case 2

Our clinic was visited by 23 year old female with complaints about painful sexual intercourse, spasms and seazures in vagina and pelvic area. She got married 6 months ago and didn't have any sexual experience before marriage as she was virgin. First wedding night she was petrified of vagnal intercourse as she has heard from friends and older people that intercourse is accompanied with intense pain and vaginal bleeding. First attempt to have vaginal intercourse occured week after the wedding and was unsuccessful. Subsequent attempts in average twice a week were also unsuccessful. She was examined by a gynecologist, no pathologies were found. Hymen was intact. The patient has lean body type, is tall and beatiful, exhibiting somewhat childish behaviour. Skin and hair on the skin are normal. Her periods are regular and not painful since she was 13. Test results, including hormone levels are normal.

Psychological type of the patient is infantile, moderately apathetic, cries often. She grew up in a traditional family, with strict mother and loving, affectionate father. Both her and her husband are very religious. They are very concerned by this situation. Due to religious beliefs they avoid petting, anal and oral sex, however, patient enjoys husbands carreses and is sometimes close to experiencing orgasm.

Husband has a soft personality. As parient has described he is not confident during attempts to have sexual intercourse, even though he doesn't experience any erectile disorders. Patient thinks it would be better if her husband was more confident during sex, but it contradicts his religious upbringing.



Picture 2.

We have already discussed the phenomenon of virginitiy as one of the risk factors in vaginismus development and even now large number of young men and women in Georgia still consider virginitiy significant and see it as a sign of purity. Regarding latest Georgian research 79% of men and women interviewed for this study think that sex before marriage is unacceptable. 61% of Georgian men would never marry a woman who is not a virgin [20]. Our research based on analysis of Georgian Society for Sexual Medicine (GSSM) web-site 1115 women reader's questions identified following results. The one of the largest number of women 317 out of 1115 readers (28%) of the web-site were interested in virginitiy problem only.

Among women suffering from vaginismus there are three personality types that can be distinguished [21]. According to J. Friedman types are following:

- 1) «Sleeping Beauty» (women with infantile relationship with sex);
- 2) «Brunhildas» (women are torn between expressing affection, agression and voicing subordination protest towards partner);
- 3) «Queen Bee» (Woman who is indifferent towards sex and is only interested in getting pregnant) [22].

Usually while diagnosing vaginismus it is important to differentiate between dyspareunia. The primary purpose in such situation is to rule out organic pathology. However, distinguishing vaginismus from dyspareunia can be very difficult [23]. Therefore as many authors argue sometimes it is impossible to distinguish one from the other [24–26].

Vaginismus treatment is challenging, complex and is implemented in several stages. Cognitive/rational and behavioral psychotherapy is videly used in treating this condition. However, sex therapies for couples and treinings done by U. Masters and V. Johnson methodology are widely popular [27].

As our practice demonstrates, vaginismus treatment by others specialists for example gynecologists using methods such as surgically cutting hymen are unsuccessful. This can be explained by doctors not been familiar with sexology and not taking into consideration that sexual dysfunction treatments should feature couple therapy.

Incorrect treatment aggravates patients already difficult psychological and somatic condition, this also translates to male partners who very often experience sexual disorders related to ejaculation and erection.

Irrespective of the type of treatment vaginismus and the specific therapeutic aims, an average success rate of 60–80% is reported. However, if we only look at the examinations that more or less pass methodological criticism test then the success rate would be about 60% or less [28–29].

Among patients underwent treatment for vaginismus in our clinic constitute 83,5% success rate. Criterion of success was the beginning and presence of having regular vaginal intercourses after six months and more after treatment.

Clinical case 3

30 year old patient came to our clinic complaining of severe pain spasms and seazures in vagina and pelvic area while attempting vaginal intercourse. She has been married for 10 years and had phobia of intercourse since the first wedding night and thus has been

avoiding vaginal penetration after numerous attempts. She underwent gynecological treatment and as per gynecologists suggestion had her hymen cut surgically that proved to be fruitless. She had experienced external orgasms even before marriage. After marriage she had regular petting with her partner where she easily reached orgasm. She describes her husband as loving, gentle man who is ready to fulfill her every wish.

Husband doesn't suffer from any sexual disorders. Patient is average height, lean body type, very attractive. Skin and hair on the skin are normal. Her periods are regular and not painful since she was 12. Test results, including hormone levels are normal. Psychological type of the patient is hysterical, easily loses control, cries a lot, infantile. She grew up in a big family with brothers. Father has been spoiling her as the only daughter.

Patient underwent complex step by step vaginismus treatment with systemic cognitive/rational psychotherapy in combination with psychotropic medications and lubricants. She also did couple therapy and training. After 2 month treatment patient has finally

Некоторые социокультурные аспекты распространения и лечения вагинизма в Грузии 3. Маршания

Вагинизм считается острым сексуальным расстройством у женщин, в западных странах встречается крайне редко. Однако в контексте Грузии представляется интересным изучение некоторых социокультурных аспектов, касающихся различий в распространенности вагинизма в Грузии и на Западе. Автор рассматривает феномен девственности в Грузии как одного из факторов заболевания вагинизмом. Вероятна значительная роль и других социокультурных факторов в развитии этого сексуального расстройства. Высокий уровень эффективности лечения вагинизма среди грузинских женщин может являться характерной и уникальной особенностью грузинской культуры.

Ключевые слова: вагинизм, болевое пенетрационное сексуальное расстройство, социокультурные особенности, девственность.

had vaginal intercourse after 10 years. She still experiences minor pain but has regular vaginal intercourse that she initiates. As her husband said "for 10 years I have been trying to get her interested in having sex and now she is the one constantly demanding sex".

CONCLUSIONS

1. Very high number of vaginismus diagnosis among our patients could be indicative that Georgian women seek medical help as a last resort as level of sex education in Georgian society is extremely low.

2. Such high rates of vaginismus, could be also, linked to the abstinence practice before marriage among Georgian women that increases a probability of vaginismus.

3. We suppose that in Georgia the virginity as well as the influence of religious education may be considered as the socio-cultural risk factors for vaginismus development.

4. All above-mentioned and high success rate of treatment of vaginismus among our patients are perhaps the products unique to the Georgian culture.

Деякі соціокультурні аспекти поширення та лікування вагінізму у Грузії 3. Маршанія

Вагінізм вважається гострим сексуальним розладом у жінок, в західних країнах зустрічається вкрай рідко. Проте в контексті Грузії видається цікавим вивчення деяких соціокультурних аспектів, що стосуються відмінностей у поширеності вагінізму у Грузії і на Заході. Автор розглядає феномен цноти у Грузії як одного з факторів захворювання вагінізмом. Ймовірна значна роль і інших соціокультурних факторів у розвитку цього сексуального розладу. Високий рівень ефективності лікування вагінізму серед грузинських жінок може бути характерною і унікальною особливістю грузинської культури.

Ключові слова: вагінізм, болючий пенетраційний сексуальний розлад, соціокультурні особливості, цнота.

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