



Damn That Hurts! When Sex is Painful

Few men understand how painful sex can be for some women. This isn't pain from the kind of rushed and rough sex that's typical in porn. Instead, think of when a Q-tip is pressed against a woman's genitals and it causes her to flinch in pain. Or when intercourse with a gentle lover creates an intense burning sensation in her vagina or makes her feel like she's being stabbed with a knife. Or when the muscles around the opening of her vagina are clamped so tight she can't insert a tampon.

For plenty of women with sexual pain, it's not this severe. But it still makes sex something they endure rather than enjoy.

Many of us assume there are two times in life when sex hurts for women: their first time and after menopause. We don't realize that more than 20% of women in their teens, twenties and thirties can experience pain during sex, and not just once or twice. This is chronic pain for months or years.

What Chronic Pelvic Pain Isn't

A good way to describe chronic sexual pain is to start with what it isn't. While rushed or clumsy lovemaking can make sex painful, this can usually be resolved with effort and education or by finding a new lover. That is not the case when there is chronic pain during sex. Sometimes a woman can have great sex with a man for years, and then suddenly develop pelvic pain. Or she will have pain from the first time she tries to put in a tampon and it doesn't go away, no matter how many different lovers she tries to have sex with.

Chronic sexual pain isn't when a woman is enjoying intercourse and the head of her partner's penis hits her cervix and it feels like she was punched in the stomach. Nor is it the pain a woman feels if she is dry and needs lube. Chronic sexual pain doesn't go away by adding lube. Chronic pelvic pain can't be fixed by changing positions or by wrapping her legs around a partner's waist instead of around his neck. It's not a matter of lube or logistics.

From the Guide To Getting It On – 9th edition

Copyright © 2017 by Paul Joannides, all rights reserved, www.Guide2Getting.com

A lover's penis might be three clicks bigger than huge and a woman may need to do exercises like they teach in childbirth classes to fit it in, but that is not usually what causes chronic sexual pain. Chronic sexual pain is pretty much there each and every time a woman has intercourse, assuming she is able to have intercourse. It doesn't suddenly get better if she has sex with someone else like her partner's younger brother.

While menopause may bring its own set of issues that can lead to pain during intercourse, the type of pelvic pain this chapter is about is not brought on by menopause.

The Rest of this Chapter Is Addressed to Women

A problem with defining pelvic pain is that whatever caused it probably occurred long ago. This might have been an infection inside your vagina or it may have started from a dermatological condition in the sensitive area between your lips called the vulvar vestibule. The vulvar vestibule is like a small platform that the urethra (pee-hole) and the opening of the vagina are mounted on.

The pain might have developed in response to an uncomfortable gynecological exam, or a sudden surge of hormones in your body that went back to normal in a few days, weeks, or months. It could have been caused by taking oral contraceptives, or by an allergic reaction.

As long as there are no current conditions that might be causing the pain, the cause is not what's important. The problem you are probably dealing with now is the reaction (or over-reaction) of your nerves and muscles to something that happened long ago. But as far as your body is concerned, this doesn't make it any less severe or less painful than if it happened yesterday.

Creating a Strategy

There are several books on sexual pain, some of which are recommended in this chapter. Unfortunately, many offer an approach that doesn't take into account the complexity of the problem. Here are some of the steps that may be required to help resolve your sexual pain. Some researchers say it will require all of these steps to fix the problem:

 Getting a thorough exam to rule out medical conditions that might be causing pain. This can be done by a gynecologist or a physical therapist who specializes in pelvic pain disorders—in a perfect world, you would see both.

- 👁️ Learning all you can about chronic pelvic pain before you try various solutions.
- 👁️ Retraining your central nervous system.
- 👁️ Retraining the muscles in your pelvis.
- 👁️ Involving your partner if you have one.

Eliminate the Obvious

While the original cause of your pelvic pain may be long gone, you will need thorough exam by a competent gynecologist to rule out any causes of pain that still might be ongoing.

Deep-thrusting pain is sometimes caused by constipation or pelvic inflammatory disease. Shallow-thrusting pain has a larger range of possible causes, from adhesions under the clitoral hood or episiotomy scars to yeast infections. There are a number of pain-causing conditions with names that are difficult to pronounce. Some are listed in the preceding chapter. It would seem that most gynecologists would know how to treat chronic pelvic pain, but few specialize in this area. This is why the next step is so very important.

Knowledge—The Key to Any Strategy for Pelvic Pain

Fortunately, pelvic pain is not as hopeless as it used to be—far from it. But to help assure a positive outcome, you need to be well informed from the very beginning. Research is now being done and there are good resources. But it will be up to you and your partner to form a strategy, or just you if you don't have a partner.

Assuming you are in good gynecological health, one of the first things to do is to read the resources that are suggested in this chapter. Please do this before venturing on an odyssey through the health-care system. Hopefully you will find other resources as well, but a good place to begin is with the *When Sex Hurts* book and at the website of the National Vulvodynia Association. (See *Resources* at the end of the chapter.)

Is the Pain in Your Head? YES!

Whatever caused the pelvic pain in the first place is usually gone by the time you see one of umpteenth healthcare providers who women with pelvic pain often see. So you will soon start to hear that the pain is

in your head. And for the most part, this is true! That's because all pain comes from our heads, or our brains, anyway. It doesn't matter if you step on a nail or break your arm. The pain is controlled by your brain, which decides when to turn the pain on and when to turn it off, as well as when to turn it up and down.

What probably happened is your nerves and the muscles between your legs responded to the initial provocation exactly as they should have. Your brain assessed the incoming data from the nerve receptors in your genitals, decided there was a problem, and started setting off pain alarms. And then the muscles in your pelvis probably started clamping down to help protect you from what your brain perceived was a threat.

But after the threat was gone, your brain and the muscles never got the memo. They might still be fighting a war that's long been over. They are still on hyper alert, as if the cause of the pain was never resolved. Whatever happened in your genitals created the perfect storm, especially if you have a genetic predisposition to being tense or anxious.

The Pain Is Also on Your Forearm and in Your Feet

Researchers have discovered that women who have chronic pelvic pain are more sensitive to pain throughout their entire body. This is called pain amplification. It's a nice way of saying things are messed up. When researchers put noxious substances on the forearms and feet of women who do and don't have pelvic pain, the women who have pelvic pain notice the pain much more. It's as if whatever went on in their genitals created a hypersensitivity throughout their entire body. The skin all over their body becomes more sensitive to tactile sensation. This is often the case with pain disorders. Pain in one part of the body can make us more sensitive to pain in other non-related parts.

Some women with chronic pelvic pain become so hyper alert that even thinking about sex can cause them pain. Sexual fantasies which may have made them want to masturbate or jump their partner on the spot might now cause them to feel pain in their genitals. This pain is every bit as real as the pain you feel when you hit your finger with a hammer.

The good news is that it's possible to retrain a nervous system that is on hyper alert. To learn more about how, you'll want to read the *Why Pelvic Pain Hurts* book that's listed at the end of the chapter.

Pelvic Floor Muscles – The Pit Bull in Your Panties

The muscles in the pelvis are usually players in chronic pelvic pain conditions. Sometime they are the key players, other times not. But by the time a woman has chronic pain during sex, her muscles are usually doing things they shouldn't.

A pelvic pain specialist who works with elite athletes says that a number of her patients who do repetitive motions on one side of their body have pain during intercourse as a result, eg, tennis players, volleyball players, golfers, shot putters, javelin throwers, etc. The muscles on that side of their pelvis become tense or tight and can make intercourse very painful. So for these women, physical therapy involves biofeedback that helps them learn to relax the muscles on one side of their pelvis.

The sexual pain for these athletes began in their pelvic muscles. In other women with pelvic pain, the muscle problems in their pelvis began after the original cause of the pain. One or more of the pelvic muscles tightened up to help protect the women from the source of the problem. Muscle groups in the pelvis that control the opening of the vagina may have started clamping shut whenever something like a finger or penis touched a woman's genitals, and they continue to do so. The muscles might stay relaxed until there is touch, and then they go ballistic.

For other women, the muscles in their pelvis never relax. They are like a pit bull in your panties. There can also be trigger points along various muscles in the pelvis. Touch or pressure on these trigger points can cause excruciating pain. This is why a strategy to eliminate pelvic pain will most likely need to include teaching the muscles in your pelvis to relax. The *Sex Without Pain: A Self-Treatment Guide* listed at the end of this chapter shows some of the ways it can be done.

Your Partner: Ally for Intimacy or ???

Most approaches to pelvic pain list involvement of the woman's partner as a footnote, if that. Unless your partner is a useless tool, he or she can be your biggest ally.

Women who experience sexual pain often avoid sexual intimacy with their partner. This is a mistake. It almost never turns out well. The job of a couple is to figure out the types of sexual intimacy they can enjoy that don't cause pain. Once a woman can be sure her partner

won't reach for her crotch, there are many ways the two of them can enjoy sexual intimacy.

Different partners respond to a woman's sexual pain in different ways. For simplicity's sake, let's assume there are three types of partners:

What a Dick! This is a guy who either doesn't believe your pain is real or doesn't care. He's angry that he's not getting the sex he thinks he deserves. The last thing he tries to be is reasonable, supportive, or helpful. Why you stay with him is beyond the scope of this book and probably has your friends stumped as well. The prognosis for pain-free sex with this type of partner is unlikely.

Mr. "I feel your pain!" This type of partner is so solicitous and afraid of causing you pain that he becomes a pain himself. Rather than being a ray of hope, he ends up reinforcing sexual pain. Pelvic pain has compromised your intimacy. You need an ally who will inspire you in battle, not a wimp who is going to bring you aspirin. You need someone who is strong as well as sensitive.

The Man! This is the guy who is going to help keep sexual intimacy alive in your relationship without creating more sexual pain. This is the partner we all want to be, and on some days, we are! This is a man who wants to learn about your pelvic pain. He wants to backstop your efforts, but doesn't need to take over. He understands the shots are yours to call, but he isn't afraid to offer the point of view of a third party who might understand things about you that you don't.

He's a man who isn't afraid to say, "If that hurts, let's find something we both like to do that doesn't hurt." He's not afraid to be an unflinching advocate for sexual intimacy with you.

Reconnecting with Your Partner

While women who have sexual pain do not have anywhere near the level of sexual satisfaction as other women, their satisfaction with their relationship is often the same as women who don't have chronic sexual pain. It seems that sexual pain can bring some partners closer. However, there are situations where a woman will begin to avoid her partner's touch in order to avoid having sex. Maybe she'll go to bed earlier or later than he does, or when he says sexy things to her she freezes up rather than smiles. He will often assume her distance is because of something he's done, or because she would rather have sex with someone else.

A strategy to treat sexual pain will often involve reconnecting with your partner. Maybe this is something the two of you can do together, or maybe you can use the help of a couples therapist or a sex therapist. At the very least, it would be a good idea to ask him to read this chapter.

Sexual Intimacy With Your Partner When You Have Pelvic Pain

Only one chapter out of all the chapters in this book is on sexual intercourse (penis into vagina). This should speak volumes for how many ways there are to share sexual intimacy without having intercourse. Here are a few suggestions for how a partner can be sexually intimate with you without touching your vagina:

 Smother your inner thighs with kisses, avoiding the part of your crotch that hurts when it's touched.

 Shower your abdomen with kisses, from your navel to the top of your mons pubis (landing strip area) and from one hip bone to the other.

 Did your partner used to be the incredible make-out king? Dust off his make-out skills and give them new life!

 Are there fantasy scenarios that turn you on or you used to enjoy acting out together? Have you ever done role playing?

 Is it possible the two of you will like reading erotica together?

 Perhaps you like breast play. Maybe it's in the form of tender kisses or you like a firm approach and have a favorite pair of nipple clamps. If so, he should be on it.

 If you enjoy anal stimulation or anal sex, there shouldn't be anything stopping you.

 If you like being restrained or spanked, go for it.

 Some women with pelvic pain are able to masturbate. Your partner can hold you or kiss and caress you while you masturbate. Maybe you can masturbate together.

The purpose of this is for the two of you to share sexual intimacy. It is not not a step on the way to having intercourse. This is your safe harbor of sexual intimacy. Making it a milestone on the way to intercourse will only ruin it.

As for the things you can do to satisfy him, stop assuming there are rules that sex isn't sex unless a penis goes inside a vagina! There are dozens of ways you can give a partner sexual pleasure without your vagina being involved. If you are short on ideas, read the chapters in this book on handjobs, blowjobs, the testicles, the prostate, and more.

Just kissing your partner's neck and nipples, or letting him kiss you while he's masturbating might lead to more sexual satisfaction than a lot of couples have.

Dissociation vs. Pleasure

One of the bigger problems in treating sexual pain is when its focus is on eventually having intercourse instead of being about sexual pleasure. If the goal is intercourse, the woman will often dissociate or mentally leave her body to ignore the pain.

While it's easy to understand why she might do this, it is unlikely to work. Besides, is this how you want sexual intimacy to be—where the woman mentally numbs herself so her partner can get his penis inside of her vagina? (Pelvic pain specialist Talli Rosenbaum has written about this. See the references at the end of the chapter.)

A Problem with Hormonal Contraceptives

Contrary to popular belief, women's bodies make testosterone and men make estrogen. The skin on a woman's genitals is sensitive to testosterone and it needs a certain amount of testosterone to be healthy. The problem with hormonal methods of birth control is they decrease the amount of testosterone in a woman's body, often times considerably.

This can cause a thinning of the skin in a woman's genitals. It also could be the reason why women who use hormonal contraceptives are six times more likely to experience pelvic pain than women who don't use hormonal contraceptives. And it's one of the reasons why physicians who specialize in pelvic pain will often suggest you discontinue using hormonal contraceptives that may be decreasing your body's level of testosterone.

Can Bicycle Seats Create or Contribute To Chronic Sexual Pain?

Research has found an association between bicycle seats and clitoral numbness, but there's been no research on bicycle seats and chronic sexual pain. If you have chronic sexual pain and ride a bike, consider switching to a no-nose saddle. See www.Guide2Getting.com/bikes for links to manufacturers of no-nose saddles.

Caution about Kegels, Pilates and Yoga for Pelvic Pain

For years, Kegel exercises have been suggested as a nearly universal "cure" for all things going on in the female pelvis. Yet Kegel exercises that are not done properly can contribute to pelvic floor problems. And even when Kegel exercises are done properly, they can make an already painful situation worse. This is particularly true when some of the muscles in your pelvis are already clenching or have too much tone. It's one of the reasons why it is so important to be examined by a physical therapist who specializes in pelvic floor problems if you are experiencing chronic pain during sex. If your personal circumstances prevent this, at the very least, read the books mentioned at the end of this chapter to learn more.

The same cautions apply for Pilates core exercises that are designed to strengthen pelvic floor muscles and certain Yoga regimens. While these exercises can be beneficial when done correctly by women who have no pelvic floor problems, they should not be used as a treatment for pelvic floor pain without an evaluation first.

The Journey Forward

If you have insurance or the financial means and are in proximity of a gynecologist or physical therapist who specializes in female pelvic pain, then a hands-on examination is essential. Women who have pelvic pain tend to dread gynecological exams, but rest assured, if you can find a gynecologist or physical therapist who specializes in sexual pain, it should not be like your past visits to healthcare providers.

BOOKS

Here are two of the most important books you can read at the start of your journey to eliminate sexual pain:

When Sex Hurts: A Woman's Guide to Banishing Sexual Pain by Andrew Goldstein, Caroline Pukall, and Irwin Goldstein, Da Capo Lifelong Books. This book was written by three of the top specialists in the

research and treatment of women's sexual pain. You won't find a more competent resource on sexual pain anywhere.

Why Pelvic Pain Hurts—Neuroscience Education for Patients with Pelvic Pain by Adriaan Louw, Sandra Hilton and Caroly Vandyken. This little gem explains what's going on in the nervous system of people with pelvic pain. It is easy to read and incredibly helpful.

Sex Without Pain: A Self-Treatment Guide to the Sex Life You Deserve by Heather Jeffcoat is recommended but with reservations. It does a good job of explaining how to examine your genitals and do the exercises that are often used to help retrain the muscles in the pelvic area. The reservations are because it tends to promise a one-dimensional cure to pelvic pain, when treating pelvic pain can be much more complex than retraining the pelvic floor muscles. Also, the author suggests readers use the resources on her website including her list of specialists, when excellent physical therapists and gynecologists who specialize in pelvic pain are not included. The book does say to not take shortcuts and the advice is sound and up to date.

Other books to consider include Amy Stein's *Heal Pelvic Pain: The Proven Stretching, Strengthening, and Nutrition Program for Relieving Pain, Incontinence, & I.B.S. and Other Symptoms Without Surgery*. This book gets good reviews, but hasn't had a refresh in years. As for "proven," maybe if you are a patient of Ms. Stein's where you and she can tap into her years of experience in evaluating your problem. But this doesn't mean other readers will find a cure by reading this book or any other. —Harold Glazer's book *The Vulvodynia Survival Guide: How to Overcome Painful Vaginal Symptoms and Enjoy an Active Lifestyle*, but it hasn't had a refresh in years. Also, Claudia Amherd's *7 Steps to Pain-Free Sex: A Complete Self-Help Guide to Overcome Vaginismus, Dyspareunia, Vulvodynia & other Penetrations Disorders*.

For organizations, the National Vulvodynia Association is excellent www.nva.org. In Canada, contact the Women's Health section of the Canadian Physiotherapy Association: www.physiotherapy.ca.

For Talli Rosenbaum's article, click on the "publications" section of her website at www.tallirosenbaum.com/en.

A very special thanks to Caroline Pukall, Ph.D., Psychology Department, Queen's University, Canada.