Psychotherapy for Women avoiding Intercourse in a Traditional Culture

Terapia para Mujeres que evitan las Relaciones Sexuales en una Cultura Tradicional

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Abstract

Vaginismus is the fear of pain associated with the involuntary contraction of the outer third part of vagina upon entry. These women are usually phobic about intercourse and avoid penetration. Although rare in western cultures, vaginismus is the most common clinical reason for referral for female sexual dysfunction in Turkey where sex therapy is the usual psychotherapy approach used. This article focuses on the treatment of vaginismus through combining homogeneous group therapy and psychodrama with sex therapy techniques for treating women referred with vaginismus. It also headlines those characteristics of women and men that mainly arise from cultural factors.

Resumen

El vaginismo es el miedo al dolor asociado a la contracción involuntaria del tercio externo de la vagina después de la entrada. Estas mujeres suelen ser fóbicas a las relaciones sexuales y evitan la penetración. Aunque es poco frecuente en las culturas occidentales, el vaginismo es la razón clínica más común para la remisión de la disfunción sexual femenina en Turquía, donde la terapia sexual es el enfoque psicoterapéutico habitual utilizado. El artículo se centra en el tratamiento del vaginismo a través de la combinación de la terapia de un grupo homogéneo y psicodrama con técnicas de terapia sexual para tratar a las mujeres afectadas de vaginismo. También subraya las características de las mujeres y los hombres que surgen principalmente de los factores culturales.

Introduction

Vaginismus is a woman's psychological protection of herself. It is associated with fear of pain and results in an involuntary repetitive spasm of the muscles surrounding the vaginal entrance whenever an attempt is made for intercourse or physical examination. This phobic avoidance makes attempts at intercourse frustrating and painful. Many women who seek treatment for vaginusmus are sexually responsive. They enjoy sexual play and seek sexual contact, are highly orgastic - as long as this does not lead to intercourse. This condition is frustrating not only for the woman but also for her partner, often the husband. The woman is usually caught in the dilemma of wanting to be helped but also being frightened of cure.

Despite the lack of accurate data on the prevalance of vaginismus it is suggested that higher rates are seen in eastern countries compared to western countries. In Turkey, it is the most common reason for application to sexual dysfunction treatment units. We do not have the information about the exact rates of vaginismic women in the general population but it is thought that religion, social and cultural issues may underlie the higher rates in eastern countries. In a traditional culture social attitudes relating to virginity, virtue,

moral issues, praising attributions about sexual experience in 'improper' time and 'improper' conditions are important factors.

Before 1975 sexual problems tended to be treated with psychoanalytic therapies but both the high cost on low incomes and a long therapy process gave way to new sexual psychotherapy approaches. In 1975 Masters and Johnson developed behavioural desensitizing programmes such as Kegel egzercises, vaginal systematic dilatations, sensate focus egzercises and were included in sexual therapies. These new approaches were widely acknowledged because of the advantages of a shorter therapy process and higher efficacy.

We first had contact with these women in 1979 after the foundation of the Psychotherapy and Medical Psychology Section at the Department of Psychiatry in Istanbul University Medical School, where sexual therapy also started. For the first 10 years, vaginismus was treated with couple therapy. As our section became more visible and accessible, referrals for sexual problems increased but due to a lack of therapists, we started group psychotherapy combined with cognitive-behavioral sex therapy in 1988. Despite the high success of our treatment protocol, four years later we started using psychodrama in these groups. We found it was effective for resistant patients and worked well.

First we formed homogeneous sexual disorder groups separating men and women. These were for erectile dysfunction and premature ejaculation for men and orgasmic, sexual desire and vaginismic problems for women. As the hidden secret among vaginismic patients became visible the numbers increased to include other sexual dysfunctions. Our experience with this group of patients also increased. We now have a waiting list for patients referred to us from the outpatient clinic.

Some Common Causes of Vaginismus

Psychoanalytic approaches consider vaginismus as an hysterical or conversion symptom that is a symbolic expression of a specific unconscious intrapsychic conflict. Some authorities contend that women with vaginismus have 'penis envy' harbouring an unconscious wish to castrate men in revenge for their own castration. Today most professionals working in this area recognise that vaginismus is a multifactorial phenomenon. In fact it is a culturally bound, dysfunctional link. For example a restrictive and traditional upbringing has an important role in developing vaginismus. Authoritarian fathers may also play a role. Most of the vaginismic women describe their husbands as 'passive' and 'very gentle' in contrast to their fathers. We also notice these women tend to have weak or controlling mothers who keep their daughters

dependent maintaining them in the 'daughter role' rather than giving them permission to become grown up partners. Strict religious and moral values and devaluation of sexuality in the family helped by sexual myths such as, "If a woman shows her sexual desire or enjoys having sex that means she is experienced with other men before marriage" may also play a role in the aetiology. Inadequate and sexual misinformation is very common for women in traditional cultures such as Turkey. These contribute to dysfunctional beliefs about the first intercourse or the fear of losing virginity. In some traditional families mothers of both the men and women ask about the first intercourse. They are eager to know if the 'first night' happened as it should have, which means that the groom saw blood and the bride proved that she was a virgin. So, as well as 'fear of bleeding', 'fear of not bleeding' may be an unconscious cause of vaginismus. This controlling and restrictive context, predispose women to complex trauma related to sexuality. As in most psychiatric conditions, a history of sexual abuse or trauma may be an aetiological factor.

When vaginismus is left untreated it may become a lifelong condition. In our 35 years of experience the problem could have been around for as long as 25 years but recently due to increased communication the duration of treatment has decreased to one to two years. Partners of vaginismic patients who are also highly inexperienced in intercourse may develop a sexual dysfunction eventually and the condition can become more complex. Most of the time the motivation for treatment is the wish to have a child, which often results from pressure from significant others.

Women with vaginismus have a good level of sexual desire especially when intercourse is not expected. They are avoidant of their genitals probably so they will not harm their hymen. We see high levels of aversion to sperm and oral sex. In general these women are immature who are seeking love and tenderness. Their partners also have almost no experience of intercourse before marriage. They are also avoidant of attempting intercourse for fear of hurting, giving pain and spoiling the marriage. Mostly they are satisfied with the form of their sexual life. They are 'kind', 'tolerant' and 'full of compassion'. When they begin to talk about their complaints, they indicate that they have loving and dependable marriages. They indicate that they love each other very much. Mostly their marriages are arranged.

Vaginismic women have common characteristics although there are different kinds of vaginismus. Their husbands are 'tolerant', avoidant, sexually inexperienced, with inhibited aggression and women are immature, non-assertive, phobic, obsessive and dependent on their mothers. We have learnt that the group process enables the couples to realise that they are two grown up people.

Cultural-Traditional Aspects

Our clinical experience of 35 years shows us that vaginismus can be viewed as a culturally bound syndrome (Man-Lun Ng), a dysfunctional link (Gindin and Resnicoff), or as an unconsummated or white marriage (Abraham and Passini). It is a reality that these couples come mostly from eastern cultures, where virginity is expected until marriage. Often traditionally negative attitudes for pre-marital sexual intercourse and praising attitudes for virginity come to the fore during the group psychotherapy process. Some of the participants even share their experiences of being harshly punished by their parents (especially fathers) because of their premarital friendships or flirting with men. Participants also describe how their mothers sometimes threaten them to share their secrets with fathers. These reports suggest that being with a man, either in a social realm or in a more close relationship before marriage was naturally bad and dangerous. Young girls often hear such things as, "Men always want sex and are dangerous" or, "Be careful that the neighbours won't say something bad about your moral behaviour". Thus, involuntary spasm of the muscles surrounding the vaginal entrance superficially seems to have a rich and complicated background. This is both conscious and unconscious and arises from individual and cultural grounds. One of the women stated, "Before marriage we were named 'women with virtue. After marriage we were called 'patient'".

Why Group Therapy?

In sessions we apply a combined protocol consisting of group therapy, sex therapy and psychodrama. Is it difficult to talk about sexuality (in group therapy) in a traditional and religious society? No it is not because of silence about sexuality in the family brings the need for talking aloud in a family-like medium. It is more economic for the patient and the treatment team. Patients discover, "I am not the only one with this problem". The main curative factors of group therapy are instillation of hope and universality, interpersonal learning, catharsis, cohesiveness, self-understanding and altruism.

The Advantages and Disadvantages of Homogeneous Groups

Problem-focused groups are homogeneous by definition because they are composed of clients with similar problems. The vaginismic patients group is

homogeneous in this way as they share issues in common about sexual problems.

A homogeneous group tends to develop trust and cohesiveness quickly because the members can easily identify with each other (Yalom). When a patient joins a homogeneous group she is often moved to encounter a whole group of people who have similar problems who really can understand her feelings and conditions. This facilitates rapid self-disclosure and bonding, often moving the group quickly into deep feelings and explorations, which can be very helpful for a time- limited group. For us one of the main advantages is the women's freedom to talk about their life stories without the presence of partner. Because of their similarities, group members often have comparable emotional reactions, so they can support each other in expressing and processing them. As for sexual matters, even a repressed patient gets in touch with her feelings after seeing other group members express theirs. The main disadvantage of homogenous groups is that we have less time to the partners. But already, they prefer learning from their partners rather than from the therapy team.

Chosen Sessions from Different Group Sessions

The group therapy process consists of 14 to 20 sessions, twice a week, each lasting for 2 hours. The treatment team consists of the female therapist (AK) and the co-therapists being the psychiatry residents both women and men. Partners are invited to join the group and we perform 2 sessions for couple's group. Usually we begin with an active psychodramatic and sociometric action. Pre-group assessment consists of individual interviews of patients, interview of the couple together by the treatment team and individual interview of the husbands. Psychodrama is applied along with the sex therapy from the beginning to the end of the group.

For the first session members come together in a group for an intimate problem without knowing each other. They usually have some concerns about how they will disclose their problems in the group. Group cohesion is the most important factor for members to continue to treatment and for its success. So we use psychodramatic techniques for warming up and to achieve group cohesion. Both group dramas and protagonist dramas are conducted. Role reversals, mirror techniques are used as an instrument for confronting avoidance of situations and persons. To illustrate how the sessions proceed we will give some examples from different group sessions, which also gives an idea about the culture and the traditions.

In the first session we always begin with psychodrama. Each member is asked to find a partner and introduce herself. After that each patient shares what she has heard by speaking in the role of her partner. They are all surprised and delighted to hear the same sentences from each other, **"I am married for five years and I am still virgin"**. Later they are asked for their first impressions and they all agree on the following, "I felt like she was talking about me". "It is bizarre but I am happy that I am not the only one".

In the second session, we explain the treatment protocol, which includes homework assignments. These consist of Kegel exercises, relaxation techniques, Sensate Focus I-II and vaginal deconditioning by gradually inserting their fingers into the vagina, which would be followed by their partner's fingers. Patients are informed about male and female genital anatomy and physiology. Mostly their concerns are that the penis is big and vagina is small and tight and, there is a thick piece of tissue at the entrance of the vagina (hymen). Most of the group members state that they believe there will be a great bleeding during intercourse and it will be painful. They receive this misinformation from their families and friends. Although we explain about the hymen throughout the treatment process they always have questions in their minds about how the hymen will 'tear'. As homework they are encouraged to look at and touch and discover their genitals. Sex therapy techniques are gradually followed through all the sessions. In each session we begin with patient's experiences about homework exercises. Then we add new homework assignments.

In the sessions we generally work either psychodramatically or in an interactional way on the protection of virginity, the hymen and the first night of marriage, ignorance and misinformation about women's sexuality, avoidance of touching genitals, sexual aversion, abuse, sexual trauma, fear of men, fear of intercourse, arranged marriage, dependent relations with the family, close relations with relatives, hidden flirting, intimate love relations, family honour rules, marriage problems, reproductive health problems, childessness, contraception, vaginismus dyspareunia, orgasm and sexual desire problems. Several other small protagonist dramas are conducted about wedding and prewedding ceremonies.

We also enact some group dramas. One was, "Play a scene from a marriage decision". That group played their family's permission ceremony for marriage. The family's permission and confirmation of the marriage is essential in Turkey. They took the roles of their mothers, fathers and brothers who were proud of their daughter's or sister's virtue. As her brother was putting the red strap around her waist to signify her virtue, the woman got anxious and confused, "What if there is no blood at the first night to signify my vir-

tue?" And then, on the first night of their marriage, which means the first intercourse, her husband realized her fear and asked, "Why are you anxious, is there something that you hide from me? (Are you virgin or not?) The answer then emerges as vaginismus and an unconsummated marriage. To be a virgin is the main issue and a triggering cause of vaginismus.

In every group we ask the patients to form into two groups and perform a Turkish proverb and to ask the other group to guess what it is. Proverbs for group plays unroll their upbringing conditions, family and society rules and expectations. Some examples are, 'One who wakes up early, forges ahead'. 'People throw stones to fruitful trees'. 'Looking at each other, grapes become black'.

One group chose the proverb meaning, 'One gains at the end if he/she has the patience to wait'.

They took the roles of mother-in-law, sister-in-law and bride. In the drama there was a newly married bride whose mother-in-law and sister-in-low treated her badly. They were living in the same house, the bride was unhappy. She was told by her mother to be patient, "Everything is going to be alright". At that moment the group member who took the sister-in-law role fainted. She woke up after a few minutes and shared that the role she took, reminded her of the days that she was living with her husband's family. Actually her sister-in-law treated her as badly as she was in the role. She said that like her husband's family her own father did not show his love for her.

A Drama

In the following sessions parental relations are talked about. They were all virgin daughters and all in the process of leaving the parental home. One of the group members tells us that her father had died when she was 10 years old. As a protagonist she enacted a drama about a day with her father from her childhood. She chose one of the male co-therapists as her father. In the drama, it was at the end of the day with her father. She said goodbye to him and went to her wedding ceremony. While she was dancing she noticed that the scarf that she was wearing knotted in her hands. She was surprised and shouted, "Look there is a knot in my hand". The therapist asked the group members, "Who is going to untie the knotted scarf?" All of the group members gathered to untie it with enthusiasm. After this session there was progress in all the group members.

In another session about sexuality between parents, one of the group members said that she heard her parent's voices when she was a child. She shared

this secret and the feeling of shame with group members. The following session she had good news, she had recovered!

They are afraid of infertility and giving birth to a child. Within this fear frame, statements of the participant's thoughts about the first night of their marriage, which is at the same time the first 'official' or 'socially approved' time for sexual intercourse, are significant, **"If it does not bleed, my husband will think that I'm not virgin and can send me back to my parents".** It is not rare for patients to be uncomfortable about finger exercises and frequently ask whether they could make them lose their virginity. Usually they talk about such concerns among themselves and then somebody gives voice to them in the group when we ask why homework has not been done.

Involving Husbands

As we know how important partners' attitudes and contributions are to the treatment process we involve them by offering at least two special group sessions with them. After the fourth or fifth session with the women, we invite in the partners of vaginismic women, telling that they will meet only with other men first and then as a couples group. We always have a male therapist so the group session is only men. It lasts about two hours. The content of this session is about how they feel about the therapy, what kind of changes they see with their wives and whether they have some questions. We also give them some information about male and female genitals, sexual physiology mainly including erection and ejaculation, and pathophysiology of vaginismus. Giving this kind of information in a homogeneous group makes it easier for them to listen and comprehend. We also tell them about our therapy approach.

Before they come together in a couples group we ask them what issues they would like to talk about connected with relationships, family relations (in traditional culture) and other pains and sorrows besides vaginismus. We promise them that we will not talk about sexuality and keep their bedroom relationship intimate in these sessions.

In the first session of the couple's grooups, we ask them to create a map of Turkey or abroad and stand where they were born and to say a few words about what they liked or missed there. Then they move to where they got married. This makes an enjoyable and warm interaction among all the group members. First we emphasize their individuality and then being couples. We learn small but important emotional hints from this warm up. They talk about some tastes, beauties, losts ~~grief~~. They go back and sit as couples (they choose sitting as couples) in a big circle, and some hold hands. Then it becomes eas-

ier for us to talk about the pain and pleasure in their lives, their interrelations and family bonds.

During these sessions it is easy to see the role of partners in postponing treatment in contrast to many gynaecologists, vaginismic women, partners, family members and some therapists, who don't know much about the psychological dynamics of the individual and the relationships, think that the responsible person of this problem is the woman.

After the seventh or eighth session we encourage patients to talk about their trauma and the sexual abuse they have suffered. The group provides a safe place for such disclosures. Different kinds of abuse are shared in sessions. Sexual traumas are not always a distinctive feature for vaginismus. Disclosing this second secret besides the hidden secret vaginismus often brings them great relief.

A Sociometric Evaluation

We make a sociometric evaluation about their fear of intercourse about three times during sessions. Eight stands for strong fear with their words,"It can never happen, impossible" and zero stands for "No problem, no fear at all". Often three to four sessions later the degree of fear decreases quickly. Such a measurement done on the scene all together one by one makes it possible to observe the changes more clearly. This is how they follow up their anxiety. They live happy moments when they lower their level of fear.

What the Women Say

My father is bound up with his children but he is more bound to his honour.

When I saw him walking, he was not looking around. So I thought he will be a faithful husband to me.

The doctors also get excited when talking. We are not the only ones who have fears. I chose students for the roles in order to make them feel our feelings.

Usually I keep inside myself. After I spoke here I go home feeling free like a bird.

My husband does not stand in my way to come here but does not encourage me to come either.

My virginity made my husband very happy when we got married.

I was hurt, I cried and it was difficult that my family did not approve my partner and did not come to the wedding.

Now I have a community. I love being with my friends here. We share so

much before you, therapists arrive. We benefit from each other very much. We trust you, but without these friends I don't think I could proceed so quickly. You make us laugh at ourselves and this is very relaxing.

Some Group Work

The group was divided into three; pain, pleasure and fear. They changed roles and got into interaction by asking questions and giving answers. It was good for them to be able to self-disclose feelings such as anger, sorrow, joy, sexuality and fears.

The group used three chairs; one for vaginismus, one for sexuality and the other for the protagonist.

Vaginismus! You entered my life and destroyed my life. I will get rid of you in a short time with the help of this therapy. My life would be more beautiful without you. At least I would have a child. In reality I both hate you and am thankful to you. Because of you I came here to therapy and I liked my sexuality. I realised that intercourse is something nice.

Sexuality! I did not like you when I was single. I wouldn't even look at the places where you existed. I understood that you are good after the therapy. Marriage without you would be meaningless.

Sexuality! I call for vaginismus because I don't like you. I am getting mad at you because you are weak.

Group Evaluation

- Self-reliance, I grew up, developed, I started to grow anew. I took models from others in the group, and lived warmth. I got rid of fear and sexual aversion.
- Increase in self-esteem and self-confidence. "I am able." "I can be successful."
- Hopelessness gave place to the hope of recovery
- Those who had social avoidance became more socially assertive.
- Relationships with their partners became closer and warmer.
- Family relations (own and husband's) improved.
- Giving birth to a child became possible.
- They became more independent women than being daughters of their parents.
- Psychological symptoms such as irritabilty, anxiety and unhappiness almost disappeared.
- They gained altruism, which had been missing.

Conclusion

Applying a combined protocol of sex therapy, cognitive behavioural therapy and psychodrama in the group therapy of vaginismus may bring further benefits besides symptomatic relief. Talking about sexuality in a family-like medium, learning the right things together is unbelievable for them in a large group where authorities are there but are not authoritarian, giving the chance for disclosure of other members who seek help. They indicate that this is what they needed in their childhood and adolescence.

Learning about others having similar problems and listening to them talking about them increases the normalization of the symptoms. Group psychotherapy is especially important in normalizing sexuality and sexual pleasure. Psychodrama increases flexibility, spontanaeity and creativity, which contribute to sex free from the pressure of anxiety.

The opportunity to experience and observe role changes in psychodrama helps patients to understand and deal with their problems. The deep underlying causes were better understood within the framework of psychodrama's spontaneous and creative freedom. They gain spontaneity and creativity in the psychotherapy sessions. Obviously it helped the couples to enjoy their close relations.

By using psychodrama in group psychotherapy the main issue in treating vaginismus occurs when women are given the essential opportunity to express themselves as much as possible by talking, listening and mostly acting. Instead of silence about sexuality they are having the chance to talk about sexual pleasure in a family like group. Laughing, crying, enjoying, making up stories, becoming a member of an active group and the elevation of their hopes are the main gains from psychodrama. Pain and sorrow give way to the place for joy and pleasure in sharing their homes with their husbands.

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