

Comorbid Vaginismus and Injection Phobia: Case Report†

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† Presented as a poster at the 7th Spring Symposium, Antalya, Turkey, 30 April-4 May 2003

ABSTRACT

Vaginismus is defined as a recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina which interferes with intercourse. However vaginal spasm is observed only in a third of the patients. The role of fear of pain in vaginismus has been stressed by several authors. Indeed most of the patients report "fear of pain" as the primary reason underlying the condition. On the other hand blood-injury-injection phobia (BII) is characterized by extreme fear of blood, receiving injections, and bodily injuries. BII can also be considered as belonging to the "mutilation" fears. In this paper we present a case with comorbid vaginismus and BII, and discuss the possibility of reconceptualization of vaginismus as 'penetration phobia' in view of the fear of penetration underlying both clinical diagnoses. A female patient admitted to the urology clinic with the complaint of non-consummation of marriage. Following the psychiatric evaluation, a diagnosis of vaginismus was made. No other marital conflict was detected. The couple was treated by cognitive-behavioral therapy of vaginismus. It was observed that the patient was having difficulty with the finger dilatation exercise. Further inquiry revealed that the patient had comorbid injection phobia. Cognitive behavioral therapy was started for injection phobia and vaginismus treatment was postponed until the patient mentioned that she was ready to continue the finger dilatation exercise. Vaginismus treatment was re-started when the patient expressed that she felt ready and it was completed without any problems from this point on. It has been suggested by some authors that vaginismus can be reconceptualized as a phobic reaction to penetration. The comorbidity of BII and vaginismus in our patient seems to support the opinion of the presence of a generalized fear of penetration, either sexual or non-sexual, in vaginismus patients.

Keywords: vaginismus, blood-injection-injury phobia, pain, fear

ÖZET

Komorbid Vajinismus ve Enjeksiyon Fobisi: Bir Vak'a Sunumu.

Vajinismus vajinanın dış 1/3'ünde oluşan ve cinsel ilişkiyi engelleyen yineleyici istemsiz kasılma olarak tanımlanır. Ne var ki hastaların yalnızca 1/3'ünde vajinal spazm gözlenmiştir. Bazı yazarlar vajinismusta "ağrı korkusu" üzerinde durmaktadırlar. Nitekim çoğu hasta ağrı korkusunu temel sebep olarak göstermektedir. Diğer yandan kan-enjeksiyon-yaralanma fobisi ise kan, enjeksiyon veya bedensel yaralanma ile ilgili aşırı korku duyma ile karakterize olup, mutilasyon korkusu grubu içinde ele alınır. Bu yazıda vajinismus ve kan-enjeksiyon-yaralanma fobisinin birlikte görüldüğü bir olgu sunulmakta ve her iki klinik tanının altında yatan "penetrasyon korkusu" dikkate alınarak, vajinismusun "penetrasyon fobisi" olarak kavramlaştırılması olasılığı tartışılmaktadır. Evlilikte cinsel ilişki kuramama nedeniyle üroloji kliniğine başvuran bir kadın hastaya, psikiyatrik değerlendirme sonucunda vajinismus tanısı koyuldu. Evlilikte başka bir sorun saptanmadı. Çifte bilişsel-davranışçı vajinismus tedavisi başlandı. Ancak hastanın parmakla dilatasyon egzersizinde zorlandığı gözlemlendi. Detaylı sorgulama sonucunda hastada komorbid enjeksiyon fobisi olduğu sonucuna varıldı ve enjeksiyon fobisine yönelik bilişsel davranışçı tedavi başlandı. Parmakla dilatasyon egzersizi hasta kendisini hazır hissettiğini söyleyinceye kadar ertelendi. Hasta kendisini hazır hissettiğinde vajinismus tedavisine yeniden başlandı ve bu noktadan sonra vajinismus tedavisi sorunsuzca tamamlandı. Bazı yazarlar vajinismusun "penetrasyona karşı oluşan fobik reaksiyon" biçiminde kavramlaştırılmasını teklif etmektedir. Bizim vak'amızda gözlenen vajinismus ve kan-enjeksiyon-yaralanma fobisi birlikteliği, vajinismus hastalarında cinsel veya cinsel olmayan penetrasyona karşı genelleşmiş bir penetrasyon korkusu olabileceği savını desteklemektedir.

Anahtar Kelimeler: vajinismus, kan-enjeksiyon-yaralanma fobisi, ağrı, korku

INTRODUCTION

In DSM-IV-TR (American Psychiatric Association 2000), the main diagnostic criterion for vaginismus is the presence of a "recurrent or persistent involuntary spasm of the musculature of the outer third of vagina that interferes with intercourse". In contrast, gynecological examinations have found vaginal or pelvic spasm in only a third of vaginismic patients (Praharaj et al 2006, Reissing et al 2004). Several authors have stressed the possible causal and maintaining role of pain and fear of pain in vaginismus (Reissing et al 1999). This was supported recently by Ward and Ogden's (1994) findings, in which 74% of vaginismic women reported fear of pain as the primary reason underlying their condition.

On the other hand blood-injection-injury phobia (BII) is a disorder that is characterized by extreme fear of blood, receiving injections, and bodily injuries (Olatunji et al 2006).

BII was also considered as belonging to the "mutilation" fears which cluster together in a factor analysis of phobic fears (Torgerson 1979) that include fears of hospitals, surgical operations, open wounds, injections, blood etc. Some have argued that mutilation phobias should have their own diagnostic category, separate from other specific phobias (Thyer et al. 1985).

Regarding the notion of cluster of mutilation fears, and the "fear and avoidance of pain" in both vaginismus and BII, it would not be illogical to hypothesize that both disorders may share a similar fear; i.e. the fear of penetration into the body either by penis or by injection. The aim of this paper is to present a patient with comorbid vaginismus and BII, and discuss the penetration fear underlying the two diagnoses in view of the common "fear of pain" notion.

CASE REPORT

A 26-year-old female patient presented to the urology clinic with the complaint of non-consummation of marriage for 4 years. Detailed urological and gynecological work-up revealed no abnormalities and the couple were referred to the psychiatry department with a putative diagnosis of vaginismus. The patient's past psychiatric history was insignificant and there was no marital conflict other than the sexual problem. The couple had never been able to complete the intercourse, because the patient was refraining from penetrative intercourse owing to anticipation of coital pain. The husband did not reveal any sexual problems. The couple was evaluated with Golombok-Rust Inventory of Sexual Satisfaction (GRISS) (Rust and Golombok 1986) and Temperament and Character Inventory (TCI). GRISS, for which a score above 5 is con-

sidered to indicate a problem (Rust and Golombok 1985), revealed that the patient's scores for the vaginismus, anorgasmia and touching subscales were 12, 7, and 5 respectively. The TCI revealed that the patient's score in harm avoidance (HA) subscale was 24, which is above the average score of 15.70 ± 5.62 in non-symptomatic Turkish females (Arkar et al. 2005).

Cognitive and behavioral therapy (CBT) of vaginismus was started. The first steps of the therapy were successfully completed. However in the session following the finger dilation exercise, the wife admitted that they were unable to complete the exercise, because when they passed the labia minora and came to the first vaginal ruga, the wife was extremely anxious about passing that point because she was fearful about the pain she would feel. At this point, this extreme fear of pain was evaluated as a resistance hindering the treatment and the wife was asked if there were any other conditions she was extremely afraid of. The patient expressed that she was extremely afraid of injections, and she wouldn't be able to have an injection even though it is required. It was decided that before going on with the finger dilation exercise, the injection phobia must be dealt and CBT was initiated for the injection phobia. After the successful completion of an intradermal injection, the patient mentioned that she felt ready for continuing the vaginismus therapy. From this point on, the treatment of vaginismus was carried out without any problems and intercourse was completed successfully. During the session in which the patient had an intramuscular injection, she mentioned that "the needle hurted even more than the penis". 3 year follow-up demonstrated that the sexual life of the couple was satisfactory, the injection phobia was successfully treated since the patient was able to give birth to a baby by spontaneous vaginal delivery.

DISCUSSION

With the emergence of new theories of psychopathology, a variety of different points of view concerning the etiology of vaginismus have emerged. However, what actually interferes with penetration is never specified; is it the physical barrier posed by a severe muscle spasm, or the expectancy and/or experience of pain (Meana and Binik 1994)?

In their comprehensive review, Reissing et al (1999) posed a very important question about vaginismus: "Should vaginismus be reconceptualized as a phobic reaction to penetration?" and stated that this seems true for some vaginismic women, but it is not clear whether fear of penetration is cause or effect. They predict that women currently assessed as vaginismic will be understood as

suffering from either a "vaginal penetration aversion/phobia," or "genital pain disorder," or both. The vaginal penetration aversion/phobia conceptualization implies careful assessment of all situations related to vaginal and possibly nonvaginal penetration (Plaut and RachBeisel 1997).

Our case seems to be closely related to this important question, in that, the patient suffers from fear of both vaginal and non-vaginal penetration, the former clinically presenting as "vaginismus" and the latter presenting as "injection phobia". The patient's relatively high score in HA subscale of TCI appears to be in line with the patient's high fear of pain underlying both diagnoses of the patient.

We think that this case may also be considered as enlightening the very important question about the role of fear of penetration in vaginismus, since vaginismus and BII in our patient can be explained within the framework of a rather generalized fear of penetration, both vaginal and non-vaginal. Thus, our case seems to support the opinion concerning the reconceptualization of vaginismus as a phobic reaction to penetration.

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