

Pelvic Floor Pain

Understanding and treating sexual and pelvic pain

Pelvic and sexual pain is common, treatable, and *not your fault*. Research indicates that up to 80% of people with a vulva will experience pain during sexual activity at some point in their lives. Chronic sexual pain affects approximately 15% of women in North America. Despite its prevalence, many people suffer in silence → up to 40% do not seek medical care. *You deserve support.*

Understanding the Pain

Dyspareunia is the general term for sexual pain. It can involve the vulva, vaginal opening, or deeper pelvic structures, and can occur before, during, or after sexual activity.

Vaginismus involves involuntary spasm or tightening of the pelvic floor muscles, often causing a burning sensation with penetration. The muscles are over-learned in a protective response.

Vulvodinia / Provoked Vestibulodynia (PVD) refers to pain in the vulvar area, often localized to the vestibule. It may occur only with touch (provoked) or spontaneously (unprovoked).

Mind-Body

Pain is a *perception generated by the brain*. Emotional distress, anticipatory anxiety, and past trauma can all influence the nervous system's pain response → psychological treatment directly addresses these pathways. This is not to say your pain "isn't real." It is very real, and it has both physical and psychological dimensions.

Getting Support — First Steps

- Consult your physician or gynecologist to rule out infections, hormonal factors, skin conditions, endometriosis, or medication side effects
- Request a referral to a pelvic floor physiotherapist → this is often the *single most impactful step*
- Consider whether psychological support for anxiety, trauma, or relationship factors would be helpful

Pelvic Floor Physiotherapy

A pelvic floor physiotherapist specializes in the muscles, nerves, and structures of the pelvis. Treatment may include:

- Pelvic floor assessment and muscle retraining (strengthening *and* releasing; both matter)
- Desensitization: gradually teaching the body that penetration does not need to be painful
- Biofeedback: developing awareness and control of muscle tension
- Myofascial release, neural mobilization, and stretches
- Dilator therapy (progressive vaginal dilation exercises)

Pelvic Floor Exercise: Learning to Release

For many people with pelvic pain, the goal is *learning to release tension*, not just strengthen. Practice this daily:

- Sit comfortably, feet flat on the floor, leaning slightly forward

- Bring awareness to your pelvic floor muscles (the muscles that stop urine flow)
- Take a deep breath in, and as you exhale, consciously allow those muscles to soften and drop
- Notice any holding or bracing, and choose to release it
- Practice throughout the day: notice tension and breathe into release

Psychological Tools

01 Anxiety Reduction Before Intimacy

Anticipatory anxiety activates muscle guarding before any touch occurs. Box breathing (4-4-4-4), progressive muscle relaxation, and mindfulness 10–15 minutes before intimacy can reduce baseline tension significantly.

02 Emotion Acceptance

Frustration, grief, shame, and anger are common responses to sexual pain — and they intensify the nervous system's pain response. Naming and acknowledging these emotions (rather than suppressing them) directly reduces their physiological impact.

03 Communication with Your Partner

Start from empathy; this is hard for both of you. Educate your partner about the condition, share your feelings (fear, guilt, grief), set clear limits about what feels safe, and discuss alternatives to intercourse that maintain intimacy. These conversations are ongoing, not one-time.

04 Gradual Exposure

Work with your therapist or physio to build a step-by-step plan toward your goals, starting with touch that feels safe and comfortable. Each step builds new neural associations and interrupts the pain-fear-avoidance cycle.

05 Penetration Off the Table

The anticipation of penetration can *significantly increase* the likelihood and experience of pain during sex – your mind spins with fear, anxiety, shame, catastrophizing, and your body responds with tension, muscle guarding, and stress. By removing penetration as an option, you allow your mind and body to feel safe, comfortable, and even excited to engage in sexual intimacy. Note: this is not a *forever* tool → but it has been shown to be helpful for many.

A Note on Your Worth

You have *nothing to apologize for*. You are not responsible for meeting anyone else's needs at the expense of your own body. You are not failing your relationship. You deserve care, patience, and support; including, and most especially, from yourself.