

When Sex Hurts

Okay, welcome to the show, Nicoletta. Hi, I'm so happy to be here and thank you for coming on my show. Of course, I enjoyed our conversation so much.

So for those of you just tuning in, I was recently on Nicoletta's podcast, which is called Sluts and Scholars. Definitely check it out if you've never been over there before. And we just had so much to chat about.

I was like, I need to now have you on my show. So here she is. Thank you so much.

So Nicoletta, as I was preparing for the show, I mean, of course, I know there are so many things we could discuss, but one of the things I was reading about you was that over half of your clients suffer from some kind of pelvic pain, which seems like such a high number. I mean, pelvic pain is something I've treated a lot over the years as well, but I have to say, I don't have 50% of my clients struggling with that. So I would love for us to dive into that because I think it's something that a lot more people struggle with and we'll get into it.

So for people listening, how would you define pelvic pain? Let's start there. So just want to say, like, I don't want to misquote, but I believe about one in four people experience pelvic pain, and it is estimated that it might even be more. But a lot of people in our culture have kind of normalized dealing with chronic pain of any kind.

And so they might not even know that what they're experiencing is pain or they're just kind of like, oh, it's painful, but that's normal. Or I deal with it. So there might even be more people.

And I think for me, I've gotten a lot of folks just because I've started to treat and work with those folks. So I keep getting referrals, but it's even people who didn't come to me for that. Sometimes we uncover that it's happening, too.

And so pelvic pain basically in sort of broad definition is folks who experience unwanted pain in their genital or pelvic region. And so this can be anywhere kind of from your lower abdomen down. But your pelvic floor can be responsible for so many things.

It's a lot of nerve and muscle groups. There's different kinds of pain. So it can happen from issues with the tissue.

It can happen from issues with the muscle. It can happen from basically things that are happening with your pH, which can cause different sort of bacterial growth things. It can happen with like other like nerve impingements.

It can happen post birth or C-section, things like that, or post surgery. It can happen with like fibroids or endometriosis, basically tissue growing where it's maybe not quote

unquote supposed to happen. So there's there's we can talk more about each of those if you want.

But there's a whole litany of things that can cause unwanted pain in the genital pelvic region. Yeah, definitely. And this isn't something that happens just for women.

Men can experience pelvic pain, too. Yeah, people of all genders can experience this. I will say most of the folks that I work with are people who have vaginas.

And there are folks with penises who experience pelvic pain. And it may just be that I'm not getting them in my office or potentially I don't have all the numbers, but it might be a little less common. But I do just based on my experience, think that there's also a gender component.

You know, if someone with a penis is experiencing pain, they are responded to a lot differently when they're like my dick hurts during sex. They're responded to a lot differently from the doctor than a person with a vagina who goes to their doctor and says, I'm experiencing pain. Those folks usually end up having to see 10 or 11 doctors before they get clarity on what's going on.

And so while it may be happening, I do see a disparity in a gender component. Yeah, definitely. I think that, yes, vulva owners are probably more likely to experience this.

And penis owners are a little maybe less likely to experience it, but also more likely just to try to ignore it or not get taken seriously if they seek out care through a provider. I want to come back to something you said a minute ago, because I just think it's a really important tidbit to highlight. And that is that some people come to you who maybe aren't presenting with a pelvic pain issue, but that ends up being something that you're working on.

And I have to say the same has been so true over the course of my practice. I can't tell you how many couples have come through complaining of things like low desire, low libido or difficulty with orgasm. And I do my assessment and I find out that sex hurts.

And I'm like, of course, you're not going to want to do it. It's painful. Like if you burned yourself every time you went into the kitchen, like you would never want to cook.

Unless you're into getting burned. Exactly. Yeah.

I'm like, unless it's your thing. But the truth is sex should never hurt unless you want it to. That is always what I say. Yes. Yeah. And so, you know, I loved when you were giving the definition.

It's unintended or unwanted, I think is the word you use, unwanted pain in the genital area. So let's break it down for people listening. If anyone's out there and like, God, sex

sometimes kind of hurts for me.

Like what are some things that they should think about, some questions that they should ask to help them determine what might be the source of their pain? Yeah, I mean, I think first it's important just to acknowledge that like pain during sex, unwanted pain during sex is not normal. That being said, caveat, sometimes it can feel painful if people are not giving themselves enough time to get aroused. If they maybe are needing more lube, if they're struggling to sort of relax.

So like, sure, maybe there's certain times and positions where it's just like not a good day or something else is flaring up. But if you're experiencing pain, take it seriously. And that's kind of a hard thing for a lot of people to undo because in our culture we are very much in this like kind of grin and bear it, just do it.

And especially if you are raised as a woman, then there's this additional thing of like, don't ask for too much. You know, don't make a big deal about things. Be a good hostess, which apparently includes hosting people in your vagina.

So like all of these kind of things were taught. And then for people with penises, I think there's a similar thing, too, of like, you know, real men don't cry. Like there's other narratives, too, of like that you shouldn't be experiencing this.

So I think there's shame all around for any gender of people experiencing this. So first thing I think is to like listen to your body and take it seriously. Next step is going to be going to a sexual medicine specialist.

So this is somebody who's usually an OBGYN or a urologist or some other kind of MD who has received specialized training in sexual medicine. And so this person is going to take a look and help you rule in or rule out any physical causes. The struggle with this is that there aren't a lot of people who specialize in sexual medicine.

And because it is a specialization, a lot of the people who do it don't take insurance at all or they only take some of the insurances. And so it can be a little inaccessible for people, which is really tough. So I would say if you're feeling like it's been inaccessible, you can check out a great organization called Tight Lipped.

They do a lot of advocacy in this space. You can also check out an organization to see if there is someone in your area. The organization is called ISSWSH, which is a long acronym. I think it's like I-S-S. I'll look it up. I-S-S-W-S-H.

ISSWSH. And you can see a directory there. I mean, you could talk to your general practitioner provider or your general OBGYN or urologist about it.

But fair warning that a lot of those folks have not been trained in pain with sex or pelvic pain. And so they may not know what you're talking about. They may not know what

referrals to give you.

They may tell you that it's normal. That happens for a lot of people, unfortunately. I mean, I can't tell you how many clients came back saying they went to their OBGYN and they were told to just have a glass of wine or get a Cosmo.

And I was like, no. Yeah. It's really sad.

It's really frustrating. It's really wrong. And there are individuals and organizations pushing through this on both a required education standpoint from a grassroots place.

So things are shifting, but it's really unfortunate. Yeah. Let's talk a little more specifically about what some more common diagnosis are for something that is purely physical versus something that is maybe more psychological or emotional in origin. And I want to caveat that by saying that just because something is maybe more psychological or emotional in origin doesn't mean the pain isn't real.

So there is a physical component, but we're talking about maybe what the origin of that pain is. So what should people maybe be thinking about as it relates to something that's more physical versus psychological? Yeah. And just before we get into it, just to further echo what you're saying, like anything when it comes to sex to me is biopsychosocial.

Meaning there's usually a physical biological component or a physiological component. There's a relational emotional, and then there's a sociocultural spiritual component. And so even if something was maybe originated, like etiologically came from a physical thing, the fact that it happened, your body is going to maybe have an emotional psychological reaction to that, which may impact the management of that.

Or it may cause that pain to keep happening when it was maybe a one-off type thing. Same is true of some things, you know, originally psychological. It may become a physical thing because you're tensing your body in a certain kind of way that is creating a physical issue.

So it is all interconnected for the original, like purely physical stuff, at least the way it starts. For people with penises, what I commonly have seen is something called Peyronie's disease. So this is like, again, sort of a crude definition because it's a little bit out of my wheelhouse, but it's an issue with like a kind of fibrosis of the penis.

So basically every penis has a sort of natural curve to it. But this can result in a curve that is really impactful, like a really strong curve, which can make penetration near impossible or really painful. Or even just at a resting phase, you know, it's sort of growing in a direction that is uncomfortable to the person.

For people with penises, I've also seen issues for people who have like skin issues, whether like the skin is too tight from foreskin removal or something like that. I've also

seen people who experience pain due to like nerve issues or back problems. So people who have like nerve impingement or even scoliosis or things in their hips.

That's sort of the main causes that I see for people with penises. For people with vulvas and vaginas, probably the main overarching category that a lot of people sort of think about is vaginismus. So vaginismus is like when the muscle groups are really tight.

And so, as we know in our culture, there's this sort of old trope of like, that being tight is a good thing. Yeah. You know, everyone wants to be tight. It's not. If you are tight, it is probably painful. If you cannot relax your muscles, it is probably painful. Within and kind of under that bracket, there's different causes of tension in the pelvis.

Probably the main one that I see for folks in my practice is something called, it's a mouthful, hormone mediated vestibulodynia. I don't know if you've worked with folks who experienced this. But just to break it down, it basically means something with the hormones is affecting pain at the vestibule.

The vestibule is the opening of the vagina. I don't know if any of you have seen the show Friends, but there's an episode where Chandler is stuck in the vestibule of a bank. It's just the entrance of the bank.

So all it means is like pain at the entry. And so this is hormone mediated means that a hormone issue is causing pain in the tissue, which is causing pain at the opening. A lot of these can kind of counter impact each other, though, because if, as you said, if you burned yourself once, that's going to be - you're tense when you walk into the kitchen. Yeah, exactly. So if you are having pain caused by maybe this hormone thing, you might be tensing those muscles, creating other muscular issues in that area. The hormone thing can be caused by different things, but the most common cause that I've seen it linked to is long term hormonal birth control, oral contraceptives.

And so, this, for people who kind of have underlying stuff, can be the cause, which is frustrating because nobody told them that. Nobody told us that when we were like, take birth control. It's good for these things.

So those are two of the kind of main things that I see for people with vaginas. But there's a whole other litany of things that can cause this. For people in gender nonconforming bodies, I also see pain no matter what their genital configuration is.

That can be shame, shame-based of just like I and this is true for maybe all bodies, not just trans and gender non-binary people. But like, I don't like the way this looks. There can also be trauma causes of like, if I keep this tight and closed, I'll be safer.

So that can happen as well. And then, of course, for people who have had gender affirming surgery, that can also be a thing because post-surgical care is lacking for a lot of people. They don't often address scar tissue, whether it be for birth, C-section or

gender affirming surgery.

So a lot of post-surgical care sort of misses how your body can respond after a medical trauma like surgery. Yeah. And also, I think people who have gone through menopause due to some of the hormonal changes that happen through menopause, if they're not taking any bioidenticals that can cause vaginal atrophy and dryness, which can lead to pain.

And I think it's important to note that all of these kinds of pain can happen across a spectrum of severity. Like when we're talking about vaginismus, which is that involuntary spasm of the pelvic floor muscles, that can be so significant that like not even a pinky finger can get inside, not even a tampon, forget a penis or anything like that. They can't tolerate a pelvic exam at the gynecologist.

So in that case, it's generalized or it could be situational, meaning it only happens in certain situations. And what I see most commonly is that maybe people have no issue when they're on their own. They can insert a tampon, things like that.

But when it comes to partnered sex or anything that involves intercourse or penetration of the vagina, that's when those muscles can clamp shut. And sometimes they can clamp shut such that they can maybe quote unquote tolerate intercourse, but it's painful or uncomfortable. But sometimes those muscles can really clamp shut so that like literally nothing could get inside. Yeah, it feels like a wall. It's like a steel trap. Yeah. And so and the same goes with vulvodynia.

Like sometimes, it just, the pain is only experienced when someone is trying to penetrate or sometimes people can't wear like tight-fitting pants or blue jeans because it just creates too much irritation on that tissue. And so I think it's really important to, as you said, go to a provider who specializes in sexual medicine and can do a really good diagnosis. The most common assessment that they do for vulvodynia is called the Q-tip test, where they literally like take a little Q-tip and run it around the vestibule.

As you said, that tissue just outside of the opening of the vagina and the urethra. And usually there will be like one or a couple spots where you'll be like, ow. And that means that, yeah, there's that inflammation that's happening there in the tissue.

And then and they'll talk to you about different options to treat that. Sometimes it is doing like a topical hormone to combat, you know, what other hormones may be at play that caused it to begin with. And sometimes it's just inflammation due to kind of a nerve overfiring or, you know, what have you.

Vaginismus can be a little simpler to diagnose in that usually a provider can tell that those muscles are tensing up and you can feel that just as you would when you flex any other muscle. It's that tightening of the muscle. You know, I think it's important to talk a

little bit about Kegel exercises because I think we hear the importance of Kegels for everybody.

But Kegels can actually make pain worse in people who suffer from it. So can you talk about that a little bit as just a note of caution for anyone thinking that like the solution to all of their woes is a Kegel exercise? Firstly, I'm just like so excited to talk to more providers always that are like informed about pain. And so I'm in like total nodding agreement with all the things that you're saying.

And clients are lucky to have a provider who knows that and not to, you know, shit on people who like don't have this training, but at least ideally knowing what you don't know. So you can refer out because a lot of people are, you know, this is minimized. But yes, so Kegels are not for everybody.

And I know that that's something we're taught because of that trope of like you want it tight, you know, like the rest of your body, everything's supposed to be trim and tight. But for people who already have overactive muscle groups in that area, doing more exercise is going to cause more tightness in that area. But it's also going to cause more weakness because the muscles are tired.

And so it's actually can have like the reverse effect where it's weaker, like you're struggling to maybe even sometimes hold in your bathroom. And then things are, you know, either painful or just sore, just like you think of any other muscle group in your body. And luckily for things like that, there are pelvic floor therapists, which are, you know, physical therapists who specialize in the genital pelvic region.

God bless them. And so, God bless them. Yeah, they're great. And so you can go see somebody like that to help you figure out how am I kind of holding my muscles, ways that I'm breathing, ways that I'm sitting and how can I, you know, learn what's right for my body.

So before you're just jumping into the Kegel train, see what your body actually needs or doesn't need, because you may not need it and may actually harm you. Maybe you do need it, but let's actually find out what your body needs. Exactly.

Exactly. And so just to echo that, I think sometimes even more valuable than an MD or medical provider are these pelvic floor physical therapists that really all they do is focus on the pelvic floor. Pelvic floor is a huge muscle group.

And I think a lot of times and all of these people usually have a degree in general physical therapy. I think sometimes when we get into these ultra sub specialties, it's like they forget that the leg bone is connected to the bone. And, you know, there's a whole dynamic system of parts working together in the body.

But the pelvic floor is a huge muscle group that is often neglected by general physical

therapists, of course. And so it's really important, I think, to go to someone who can do a really good assessment. If you don't have an MD who's a sexual medicine specialist, a lot of times a pelvic floor physical therapist can do a pretty thorough assessment on their own to tell you what's going on and how they may be able to work with you.

But, yeah, I mean, a lot of times it's not just focusing on strengthening the muscle through Kegel exercise. It's learning to down train the body. I went and saw a physical therapist after having both of my babies.

It should be required. It should be required. In France, it is.

Okay. In France, like, it's par for the course that women will go to pelvic floor rehab after having babies because, like, there is value in getting the pelvic floor back into good shape after having a baby. And so I knew that.

And so I was like, let me just do all my checks and balances. And so after both of my births, we have great relationships with the PTs here in Houston. I picked one.

We, you know, worked everything out. But for me, it was before we did any Kegel exercises. It was a lot of that down training and learning to relax the muscle again, because I think what a lot of women don't realize after having a baby.

Yeah, you might have this idea that everything is like looser, but you can actually start holding it really tight, which can cause pain that we're talking about. So, yeah. Yes.

I think it's important to note that, yeah, Kegels are not for everyone. And if you're having pain, just as a word of caution, don't just start doing Kegels thinking that's going to make everything better because there's actually a better chance I think it can make things worse. Yeah. And just to kind of circle it back to the whole body approach, right? Like when we're talking about pain stuff, it's important to think of like, okay, the pain is not just affecting the area, right? As we kind of named earlier, this can also affect your levels of desire and your arousal patterns.

Because as we named, you know, we've kind of evolved to avoid things that cause us certain types of pain because that's an evolutionary thing to keep us alive, right? Like you said, if you burn your hand, you're like, oh, I don't touch that. And so that can go to the extent of sort of turning off your desire and, yeah, your desires. Obviously, those things can also be impacted by if you have a hormone imbalance, you may need some hormone replacements as well to help.

But even if not, you know, there can be desire and arousal impacts just because your body's trying to keep itself safe. And then, of course, this can also affect relationships because if you're not feeling connected to a partner. But the upside is that even if you're experiencing pelvic pain, you are still in a body that is pleasure-able and pleasurable.

So I think a lot of people think that they have to work through the pain first to get to pleasure. But that's not the case. Pleasure is actually a pathway to healing and neuroplasticity and feeling better.

And I think it's essential to getting through the sometimes really long, laborious treatment of pelvic pain because who would want to keep doing something that's just clinical and painful? There are still ways to connect with yourself and with a partner should you so choose. And it's also a good reminder that penetration is not the only kind of sex. So a lot of these get diagnosed because there's pain during penetration.

That being said, as you said, some people have pain around the vulva. So they might have pain in other areas, too, not just the vagina or the vestibule. But usually there's some other area on their body, genitally or not, where pleasure is possible.

So it can be sort of an invitation to get creative away from the standard definition of sex and to find really cool new ways to connect with each other. Which, you know, we don't have to force a silver lining if you're like, this fucking sucks and I'm really struggling. Yes, valid.

And there are certainly ways that this can sort of force us to think outside the box and be creative, which are some great muscles to exercise if you're planning to be with a person for a long time. Yeah, I love that you said that. I could not agree more.

I've had so many clients come through my office over the years who maybe saw another therapist who said like, OK, stop doing everything. Let's wipe the slate clean, focus on treating the pain and then reconnect. And I really don't like approaching it that way because I totally agree with what you said about the more we can do things that are pleasurable as we are simultaneously working through some of the pain issues.

I think the easier it is because you want to keep those pleasure pathways primed. It's otherwise it's hard to go from like zero to 60, like, OK, you quote unquote check the box, but you maybe only check the box in one situation. Yeah, maybe you can use like a set of graduated dilators.

But if your partner hasn't touched you for six to eight months as you've been working on that, that can bring back all that feeling of tension that you had before. So I'm a huge proponent of partner involvement. I think anyone listening to this who is maybe a partner of someone dealing with pelvic pain, the more that you can be involved in the process, I think the better just as a source of support and as someone who's working in collaboration.

You know, I think this goes with any sexual issue. I never like to pathologize just one person. I think that's especially true when maybe there's one person who's struggling with pain because at the end of the day, there's a lot that you can do together as a team

to improve the quality of the sex that you're having, which may just not include intercourse for a little while.

But to your point, there's plenty of other things you can do. Yeah. And part of doing that is like I want to acknowledge that partners of people with pelvic pain.

I know it might be hard. I know it might be frustrating. I know you might be having some of your own feelings.

So part of that collaborative work is to get some of your own therapy, to have somebody who's not your partner to talk about these struggles with because it would be understandable if you were feeling frustrated, impatient, all of the things. But doing that also takes some of the emotional mental load off of the partner who's experiencing pain. Because what I see a lot of times is that person with pain gets in therapy what we call the identified patient.

So they become like, oh, you're the problem. You need to go over there and fix it and then come back to me as a new model. Or at least that's how they internalize it.

So then that creates the shame spiral. The shame makes the pain worse of this just sort of feeling of like, it's all on me. There's something wrong with me.

As opposed to if you're in partnership, there is a relational component of this. And if, you know, you as a partner of a person in pain can do some of your own work, that can help that collaboration. Exactly.

Such good words of advice. Well, I know you could talk about this all day long. So could I. I think there could be an entire podcast dedicated to pain. Yes, there is. Tight lipped. Check it out.

Tight lipped. Okay, there you go. For anyone listening who wants to learn more, check that out.

In the meantime, Nicoletta, I want to say thank you so much for joining me today. And can you tell people where they can learn more about you and connect? Sure, absolutely. So I have the Sluts and Scholars podcast.

You can check me out there and maybe start with our episode together. I'm on Instagram at [slutsandscholars](#) or [slutsandscholars.com](#). I also see, you know, therapy clients, host retreats, do coaching, all kinds of things. And you can find me through those resources as well.

Awesome. Thanks so much. And I will be sure to link everything in the show notes.

So check it out. Thank you for having me.