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A QUALITATIVE INVESTIGATION OF MALE PARTNERS' EXPERIENCE OF RELATIONSHIPS WITH WOMEN SUFFERING FROM VAGINISMUS

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DECLARATION

I declare that this thesis is my own unaided work. It is submitted in partial fulfillment of the requirements for the Degree of Masters of Arts in Psychology by Coursework and Research Report in the Department of Psychology, University of the Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at any other university or institution.

15th March 2007

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Christopher Sampson

ABSTRACT

There is extensive debate on how the condition of vaginismus is understood, classified and diagnosed. A significant amount of literature argues that no school of thought has adequately explained the condition, and no terminology sufficiently describes the experience of sufferers and their partners. This study explores the experiences and perceptions of male partners to contribute towards the understanding of the condition.

The participants were volunteers, whose partners had sought treatment for vaginismus at a sexual and reproductive health clinic. Each participant consented to a semi-structured interview, which explored themes around their relationship and sexual interaction, and understanding of and response to vaginismus. The interview data was analysed using content analysis and various themes were drawn from the patterns identified.

These themes provide a rich description of the experience of men in relationships with women diagnosed with vaginismus. There is some support for the literature findings on the male partners. The participants appear to have particular personality characteristics, which are sustained in the context of sexual and relationship difficulties associated with vaginismus. These aspects of the participants' personalities and their social and cultural identities mediate their experience of their partner's condition. In addition, the men's understanding of sexual identity is strongly influenced by culturally defined norms.

Although vaginismus may be conceptualised as a sexual difficulty, it can affect other aspects of the couple's relationship. However, the condition also has the potential to amplify the importance of the relationship and lead to increased commitment. The period before seeking treatment varied considerably, and all the participants reported finding ways in which to manage the sexual difficulties. The couples' main objective for seeking treatment was to have penetrative intercourse and/or conceive children. The process of obtaining treatment was hampered by inconsistent diagnoses and a lack of practitioners with specialized knowledge. It is recommended that future research focus on improving assessment and diagnosis of vaginismus.

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INTRODUCTION

The condition of vaginismus can appear inexplicable to the couple faced with its unexpected and unexplainable symptoms. "Ordinarily, when a woman is sexually aroused, the vaginal muscles relax and the introitus opens. But in vaginismic women the muscles snap together so tightly that penetration is impossible" (Kaplan, 1983, p. 260). The male partner may describe the feeling as if "the penis hits a 'brick wall'" (Lamont, 1978, p. 633). The woman becomes increasingly distressed and frustrated with her perceived lack of control over the muscle reaction (Wince & Carey, 1991), while her partner may be frustrated by a sense of helplessness (Masters & Johnson, 1970).

According to Crowley, Richardson, and Goldmeier (2006) and Harman, Waldo, and Johnson (1998), the condition can be classified as primary (the woman has never experienced non-painful penetrative intercourse) or secondary (the woman has previously experienced non-painful penetrative intercourse) and is consistent (it occurs when any form of penetration is attempted), generalized (occurrence is not limited to a specific partner or circumstance) or situational (occurs under certain circumstances or with certain partners). It may also occur during gynaecological examinations or tampon insertion (Stanley, 1981) and, "in some females, even the anticipation of vaginal penetration may result in muscle spasm" (DSM-IV-TR; American Psychiatric Association, 2000, p. 556).

Vaginismus is believed to be the commonest cause of non-consummation of marriage (Barnes, 1986; Friedman, 1962; Ghering & Chan, 2001; Masters & Johnson, 1970; Stanley, 1981; Weiss, 2001) and many couples are often extremely distressed by their inability to have intercourse and fear losing the opportunity to have children (Kaplan, 1983; Leiblum, Pervin, & Campbell, 1980). The condition can have severe psychological effects on a couple (Kaplan, 1974) and could contribute extraordinary stress to their relationship, creating a barrier to intimacy and fulfillment, which may result in distance and frustration (Harman et al., 1998). Coppini (1999) writes that primary vaginismus is considered serious enough for the Catholic Church to count vaginismus as a reason for annulling marriage and for Jews and Muslims both to regard it as a cause for divorce.

Vaginismus is defined as:

> "The persistent or recurrent difficulties of the woman to allow vaginal entry of a penis, a finger, and/or any object, despite the woman's expressed wish to do so. There is often (phobic) avoidance, and anticipation/fear/experience of pain, along with variable involuntary pelvic muscle contraction. Structural or other physical abnormalities must be ruled out/addressed." (Basson, Leiblum, Brotto, Derogatis, Fourcroy, Fugl-Meyer, Graziottin, Heiman, Laan, Meston, Schover, van Lankveld, & Schultz, 2004, p. 45)

The DSM-IV-TR (American Psychiatric Association, 2000) classifies vaginismus as a sexual dysfunction listing it under the category of sexual pain disorders. The main diagnostic criterion used is the presence of a "recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse" and "causes marked distress or interpersonal difficulty" (p. 558).

There is limited data available on the incidence and prevalence of vaginismus in the general population. It is "more common in younger women, women who have been sexually traumatized, and women who hold negative beliefs about sex and sexuality" (LoPiccolo & Van Male, 2000, p. 250). The prevalence of vaginismus also appears to culturally dependent, with higher incidences reported in Ireland, Eastern Europe and Latin America than in North America and most of Western Europe (J. Barnes, personal communication, April 11, 1988 cited in Wince & Carey, 1991).

The condition may be more common than statistically reported because some women experience partial vaginismus on intermittent sexual occasions (Barnes, 1986; 1986b; Lamont, 1978; Leiblum et al., 1980; Stanley, 1981). It is also difficult to differentially diagnose vaginismus from other sexual dysfunctions such as dyspareunia, Sexual Aversion Disorder, and Hypoactive Sexual Desire Disorder (Wince & Carey, 1991) and therefore it is "commonly underreported, underdiagnosed and overlooked" (Reissing, Binik, & Khalife, 1999, p. 263). Brin and Vapnek (1997) estimate that vaginismus affects 1 in 200 women, while Masters, Johnson, and Kolodny (1988 cited in Harman et al.,

1998) suggest that the condition is found in 2-3% of all post-adolescent women. Reports from sexual dysfunction clinics, medical clinics, and other sources show that 5-17% of their patients are referred for vaginismus (Reissing et al., 1999).

Reissing et al. (1999) refer to vaginismus as an "interesting illustration of scientific neglect" (p. 278). The limited data available on incidence and prevalence is not the only area in which there is a lack of research into this health problem. Information is also lacking on the role of the male partner, which is thought to be "an important contributing factor in the maintenance, if not the cause, of vaginismus" (Leiblum et al., 1980, p. 171), yet the majority of studies on vaginismus have focused solely on the female sufferers of the condition. Therefore, a great deal of what is known about the male partner's experience has been gained indirectly from their partners' descriptions, but the men are invariably affected through their involvement in these relationships.

In a study of 29 cases of vaginismus that directly included both partners, Masters and Johnson (1970) paid particular attention to the contribution of the male partner, and found that many male partners may consider a sexually non-responsive partner as both a source of personal rejection, and as continuing evidence that they fail to function effectively in a masculine role. In a more recent study, van Lankveld, Brewaeys, Ter Kuile, and Weijenborg (1995) suggested that the male partners might ascribe their marital and sexual dissatisfaction to the problem of vaginismus. Some of the literature suggests that the male partners may even maintain or exacerbate the condition (Malleson, 1942).

Only a few studies such as that by Grafeille (1986, cited in Gindin & Resnicoff, 2002) have focused on the male partner and most of the literature on the male partners is dated and more conservative in nature. The majority of studies on vaginismus have focused on aetiological factors and have included men as part of the search, or as an adjunct to the treatment of the female partner. This highlights an obvious gap in the literature, of a direct account of the male partner's experience and of how his related interaction may influence the condition. Studies such as Canin's (2006) at the University of the Witwatersrand, have gathered information about the male partner based solely on the

female partner's perceptions. Canin explored the experiences and perceptions of women suffering from vaginismus and found inconsistent trends about the qualities or contribution of the male partner. This research builds on the work by Canin and others and sought directly; to explore the experiences of the male partners based on self-report.

The aim of this research was therefore to explore the experiences and perceptions of the male partners of women suffering from vaginismus. This included how they made sense of the condition, how they perceived the condition originating, how the condition impacted on them and their relationships with the vaginismic partners, how they viewed their own interaction within the relationship and how the condition had affected the way in which they view themselves. This study was justified based on the lack of research in this specific area and the potential contribution to knowledge that it could bring.

The investigation of the experience of intimate partners was expected to yield a more extensive description of the impact of vaginismus on relationship functioning and vice versa, how relationship functioning affected the impact of vaginismus. This study is based on a critical approach and acknowledges that that which is normative is debatable, allowing for multiple interpretations. It also acknowledges that cultural and social aspects play an important role in how the male partner makes sense of the condition, what meaning he attributes to vaginismus, and what effect that meaning has on his identity.

This explorative study employed a qualitative methodology, namely thematic content analysis of interview data. The sample consisted of the male partners of six women, who at the time of the study were being treated for the condition of vaginismus at a sexual and reproductive health clinic. The research required that each participant participated in a semi-structured interview with the researcher. An interview schedule based on the salient themes raised in the literature guided the direction of the interview, but also allowed for clarification and exploration of new information. The data was categorized into themes and interpreted using thematic content analysis, and then discussed in the context of the relevant literature.

The structure of this research report is as follows: Chapter 1 contains a review of the literature on vaginismus and is divided into three parts. The first section of this review discusses the debate around the classification of vaginismus. The second section describes the various theories and factors contained in the different views on the development of vaginismus. The final section reviews the findings in the literature on the male partners. Chapter 2 describes the research method, lists the primary and secondary aims, outlines the research design and procedures used, discusses the method of analysis, and draws attention to the ethical considerations. Chapter 3 describes the findings from the interviews and analyzes, and discusses these in relation to the literature reviewed. This section also highlights the limitations of the current study, provides recommendations for future research, and draws some conclusions from the data.

CHAPTER 1: LITERATURE REVIEW

The literature review will include a discussion of the debate around the classification and definition of vaginismus as a sexual dysfunction, provide an outline of the factors that have been implicated in the causes of vaginismus, and explore some of the findings on the male partners of women suffering from vaginismus. The quote that follows is from an address to the Obstetrical Society of London in 1862 by James Marion Sims, an American gynaecologist, who first used the term vaginismus to describe one of his patients:

> "But the most remarkable thing in her history was the fact that she had remained a virgin notwithstanding a married state of a quarter of a century… Amongst other investigations of her case, I attempted to make a vaginal examination but failed completely. The slightest touch at the mouth of the vagina producing most agitation; her whole frame was shivering as if with the rigors of an intermittent. She shrieked aloud, her eyes glaring widely, while tears rolled down her cheeks and she presented the most pitiable appearance of terror and agony. Notwithstanding all these outward involuntary evidences of physical suffering, she had the moral fortitude to hold herself on the couch and implored me not to desist from any efforts if there was the least hope of finding out anything about her inexplicable condition. After pressing with all my strength for some minutes, I succeeded in introducing the index finger into the vagina up to the second joint, but not further. The resistance to its passage was so great, and the vaginal contraction so firm, as to deaden the sensation of the finger, and thus the examination revealed only an insuperable spasm of the Sphincter Vaginae."(Sims, 1862 as cited in Crowley et al., 2006, p. 14)

1.1 DEBATE AROUND THE CLASSIFICATION AND DEFINITION OF VAGINISMUS

The problem of classification is discussed because it raises important questions concerning the conceptualization of the condition and the interpretation of the results of this study. The issues around classification and diagnosis of vaginismus form an important part of the experience of vaginismus and for developing an understanding of what is happening in the relationship with a vaginismic partner. There is a good deal of debate in the literature on the classification of vaginismus, given the heterogeneity of the symptoms and the lack of agreement around key aspects of the definition. It becomes particularly necessary to identify whether vaginismus is a condition or just a symptom of a deeper underlying entity, where no biological cause can be discerned. This suggests that the narrow emphasis on sex does a disservice to clients and their partners.

Among the most oft quoted nosologies listing vaginismus are those of the DSM–IV-TR, the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the instructive nosology recommended by Lamont (1978). The DSM-IV-TR refers to vaginismus as a sexual dysfunction, under the category of sexual pain disorders, involving an involuntary vaginal muscle spasm that interferes with intercourse and makes penetration painful, difficult, or impossible. The ICD-10 emphasizes pain as the defining characteristic of vaginismus. It classifies vaginismus as a pain disorder associated with female genital organs and menstrual cycle, or as a sexual dysfunction. Finally, Lamont (1978) views vaginismus as a reflex response to pain or anticipated pain in response to imagined or anticipated attempts at penetration of the vagina (Reissing et al., 1999).

These nosologies are widely regarded as problematic due to the lack of well-developed and clearly defined diagnostic criteria and the distinct lack of empirical data to support the proposed criteria (Binik, Meana, Berkley, & Khalife, 1999; Binik, Reissing, Pukall, Flory, Payne, & Khalife, 2002; Hiller, 2000; Ng, 1999; Reissing et al., 1999). This has led some researchers to question the validity of vaginismus as a diagnostic entity. Reissing, Binik, Khalife, Cohen, and Amsel (2004), in an investigation of the diagnosis

of vaginismus, found that diagnostic agreement among health professionals was poor when using the spasm-based definition of vaginismus, as it did not allow for differentiation between cases of vaginismus and the related conditions of dyspareunia and Vulvar Vestibulitis syndrome.

Criticism has centred primarily on four main aspects that are contained in most of the definitions: the role and presence of the vaginal spasm, the level of interference with coitus, the role of pain and the classification of vaginismus as a sexual dysfunction (Reissing et al., 1999).

Firstly, it has been suggested that the spasm-based definition may not be adequate for diagnostic purposes (Crowley et al., 2006). The definition is found in varying forms in all of the widely used nosologies, yet "a fundamental problem is that the existence of vaginal spasm has never been reliably demonstrated" (Binik et al., 2002, p. 426). Neither is there agreement on which muscles are involved, the confirmation or presence of a spasm is not required to make a diagnoses and no description is available on how to identify the muscles. Furthermore, some studies show that few women report the presence of a vaginal spasm and the spasm is not specific to vaginismus (Binik et al., 2002).

Recent studies have found that chronic pelvic floor tension was significantly more elevated in women with vaginismus compared to women with related sexual dysfunctions of dyspareunia or Vulvar Vestibulitis syndrome. Women with vaginismus also evidenced a higher level of avoidance behaviours to vaginal penetration and experienced past attempts at intercourse with higher levels of distress (Reissing et al., 2004).

A parallel diagnostic situation to illustrate the case for vaginismus can be found in the work of Mense et al. (2001 cited in Reissing et al., 2004): “It has been assumed for many years that pericranial muscle spasms were the diagnostic marker for tension headache and that relieving the spasm would relieve the headache pain. When this idea was finally tested empirically, it was not supported and therapies directed at this mechanism have waned in popularity” (p. 14).

Secondly, it is unclear from the definition what interferes with coitus, whether it is due to the pain, the muscle spasm, or the resulting distress. Clinical reports indicate that it is the pain or distress and its intensity that prevents penetration (Ng, 1999). Some uncertainty also exists around the intended meaning when the term ‘interference’ is used (Binik et al., 2002). Reissing et al. (1999) believe that the difficulty with penetration may be at least, “related to woman's stoicism and partner's sensitivity” (p. 266). However, some male partners give credence to the view that a muscle spasm is somehow involved. They have reported that on attempting to have penetrative intercourse, they encounter a “blockage” (Kaplan, 1983), an “obstruction” (Krige, 1985), or a “brick wall” (Lamont, 1978).

Thirdly, it has been suggested that pain is an integral part of the experience of suffering from vaginismus (Basson, 2005), yet no description exists of the quality of pain, or an assessment of the difference between levels of discomfort and levels of clinical pain severe enough to cause distress (Ng, 1999; Reissing et al., 1999). Although vaginismus is classified as a sexual pain disorder, the DSM-IV-TR diagnostic criteria do not require the experience of pain. However, 89 sufferers and ex-sufferers ranked fear of pain the highest as a cause of their condition in a study by Ward and Ogden (1994). This suggests that the diagnostic and classification criteria for the sexual pain disorders may be inadequate.

The extensive heterogeneity in the timing and experience of pain may easily lead to the question of whether vaginismus is a single or several conditions (Binik et al., 2002). Indeed Hiller (2000) has stated that the centrality of fear itself and fear of pain in self-reports of vaginismic women may indicate anxiety at a deeper level, and when vaginismus is due to psychological causes, it is easier to describe a fear of genital pain than to talk about other more complex and less easily verbalised issues.

The DSM-IV-TR’s classification of vaginismus as a sexual dysfunction suggests that the sexual difficulties are an important part of the condition. However, Pukall et al. (2000) suggests that there is no evidence to support this and “it is more likely that the sexual problems occur as a result of pain with intercourse rather than as a cause of the pain. Moreover, the same pain can be elicited in situations other than sexual ones" (p. 38).

One of the central questions in this debate asks why should vaginismus be defined as a sexual dysfunction just because it interferes with or prevents one kind of sexual behaviour. Many women maintain an interest in sex with normal sexual desire, they are sexually responsive, become aroused, lubricate, and are orgastic on clitoral stimulation. They may even experience multiple orgasms in satisfying non-coital sexual relationships (Binik et al., 2002; Kaplan, 1983; Kaplan, 1974; Lamont, 1978; Leiblum et al., 1980; Pukall et al., 2000; Reissing et al., 1999). Generally, reports of their sex life are positive when compared to women diagnosed with other sexual dysfunctions (Binik et al., 2002).

It is readily acknowledged that many couples are distressed by the inability to have intercourse and conceive, and in many cases, women develop a secondary phobia of vaginal penetration (Wince & Carey, 1991). Admittedly, there are also instances in which psychological stimuli have led to fear or other negative emotions concerning intercourse (Harman et al., 1998). However, as a sexual dysfunction defined in terms of the experience of a muscle spasm (which does not have to be demonstrated, instead a history congruent with vaginismus is acceptable), the experience of pain (which is not a necessary requirement) and interference with coitus (without an explanation of what it is that interferes with coitus), the condition of vaginismus differs substantially from most sexual dysfunctions that are defined in the DSM-IV-TR in that vaginismus does not interfere with any stage of the sexual response cycle (Reissing et al., 1999).

“Sexual dysfunction is described by the DSM-IV-TR as an inhibition in sexual desire or in the psychophysiological changes that characterize the sexual response cycle, including excitement, orgasm, and/or resolution” (Harman et al., 1998, p. 84). The conditions of vaginismus (and dyspareunia), both of which are classified as sexual pain disorders under the category of sexual dysfunctions, interfere with, and disrupt sexual activity and may lead to secondary sexual dysfunctions. However, they do not fulfil a central concept of DSM-IV-TR sexual dysfunctions in disrupting any stage of sexual response cycle. Therefore classifying a sexual pain disorder such as vaginismus in the same way as sexual dysfunctions does not provide allow for a meaningful conceptualization of the condition and its symptoms (Pukall, 2000).

Vaginismus is perhaps better conceptualised as a phobic anxiety in which vaginal penetration is associated with fear (Duddle, 1976). Vaginismic women display avoidance behaviour that is similar to phobic individuals exposed to their feared stimuli. Reissing et al. (2004) believe that this phobic reaction is a conditioned fear to real or expected experience of pain. This diagnostic approach would acknowledge the heterogeneity in the presentation of symptoms and provide a clear synopsis on the difficulties experienced by the sufferer (Ng, 1999). However, in reply to Ng, Hiller (2000) argues that vaginismus should not be confused with the condition of sexual avoidance disorder, which is already defined in DSM-IV-TR as persistent or recurrent extreme aversion to, and avoidance of all, (or almost all), genital sexual contact with a partner.

SUMMARY OF THE DEBATE ON CLASSIFICATION AND DEFINITION

In acknowledging this debate around the classification and the attempts to understand vaginismus, this research, without disregarding the distress associated with the condition, takes a critical stance towards the literature on vaginismus as a sexual dysfunction. The sexual response cycle first articulated by Masters and Johnson (1970) and later independently revised by Harold Lief (1977) and Helen Kaplan (1977) provides a useful way to conceptualize sexual functioning and the opposite, sexual disorders. However, since these response cycles were articulated, normative definitions of sexuality and psychosexual health have been extensively revised (Donahey, 2000).

Popovic (2006) suggests a more fluid and realistic view of sexual functioning stating that:

> "…normality varies depending on one's age, gender, partner's responsiveness, ideologies, and social context, thus varying through centuries and cultures. Human sexuality, a multi-dimensional phenomenon (Masters et al., 1995), requires a psycho-socio-biological approach (Bancroft, 1989), plus the consideration of legal, spiritual and moral dimensions. For clinicians, most important may be the meaning of a specific sexual behaviour to the individual, societal tolerance of it, and the possible effects on the couple's sexual and general activity." (p. 173)

This approach emphasizes the couple diagnosed with vaginismus and the role that the condition plays within their relationship and the effect it has on their lives, as opposed to placing on them, the burden of a prescribed view of normality. It recognizes any distress and negative effects resulting from the condition, but also takes into account the individuals' own attempt to make sense of their experience. Thus the term vaginismus is employed as a necessity rather than an acknowledgement of sexual dysfunction. The approach adopted in this study is aimed at uncovering the subjective experience of the male partners as they come to develop an understanding of the condition through interaction with their partners.

1.2 UNDERSTANDING HOW VAGINISMUS DEVELOPS

In their seminal review of the literature on the classification, aetiology, and treatment of vaginismus, Reissing et al. (1999) state that there is:

> "a basic agreement that vaginismus is a psychophysiological disorder with phobic elements resulting from actual or imagined negative experiences with sexuality/penetration and/or organic pathology. Fear and anxiety concerning penetration is expressed physiologically via the involuntary vaginal muscle spasm that characterizes vaginismus. What differs across theories is the nature of the negative experiences leading to the development of vaginismus." (p. 268)

There is also, general agreement that the cause of the condition is multi-factorial (Barnes, 1986; Kaplan, 1974; Kennedy, Doherty, & Barnes, 1995; Krige, 1986; Leiblum et al., 1980; van Lankveld et al., 1995). Many factors play a role in the development of vaginismus and therefore no single dominant pattern emerges with regards to any predisposing psychosocial factors.

THE INVOLUNTARY MUSCLE SPASM

The immediate cause of vaginismus is said to be the involuntary muscle spasm, although in some instances, this may be regarded as a symptom of an underlying organic condition such as dyspareunia. Pain that is experienced upon intercourse or during a pelvic examination can "lead to a self-protective tightening of the vaginal muscles" which may develop into a learned pattern of behaviour in which there is a conditioned avoidant response to any form of vaginal penetration" (LoPiccolo & van Male, p. 244). In such cases the spasm is an appropriate initial response to painful stimuli from organic causes, but may continue after the primary cause has been alleviated (Kaplan, 1974).

ORGANIC CAUSES

Any gynaecological condition that results in painful sex can evoke such a guarded response (Kaplan, 1983). The list of possible organic causes includes

endometriosis, relaxation of the supporting uterine ligaments, a rigid hymen, hemorrhoids, painful hymeneal tags, stenosis of the vagina, pelvic tumors, pelvic inflammatory disease, senile atrophy of the vagina, childbirth pathologies and urethral caruncle (Wince & Carey, 1991).

In the absence of organic pathology, various etiological theories have been proposed but are not supported by controlled empirical studies. According to Reissing et al. (1999), the available studies are so methodologically flawed that it is not possible to reach a clear conclusion regarding aetiology. There has also been a lack of consistency in the reported results of past studies (Kabakci & Batur, 2003) and only three studies were set up with the aim of investigating pathology (Reissing et al., 2004).

A CONVERSION REACTION SYMPTOM

Theorists who have explored vaginismus from a psychoanalytic orientation view it as a conversion reaction symptom. On the one hand, "ignorance and misinformation leads to fear of pain and thus to physical withdrawal from intercourse. On the other hand, sexual guilt, denoting a deeper sex conflict, also leads to fear, but of punishment and therefore to a more intense physical defence mechanism" (Ellison, 1968, p. 63).

MISINFORMATION, IGNORANCE AND GUILT

Misinformation, ignorance and guilt from deeper sexual conflict has often been cited as a reason for, among other things, myths about sexual intercourse, an unrealistic fear of injury, poor coital technique, anxiety and withdrawal from sex (Ellison, 1972; Friedman, 1962; Kaplan, 1974; Reissing et al.,1999; Stanley, 1981; Weiss, 2001). A poor attitude to sex based on receiving early flawed information and a fear of men and sex may contribute to ignorance and guilt around sexual intercourse (Blazer, 1964; Ellison, 1968; Friedman, 1962; Kabakci & Batur, 2003; Kaplan, 1974; Puxon & Dawkins, 1963; Stanley, 1981; Taylor, 1975). However, Duddle (1977) found no difference in the level of sex education between a group of women with vaginismus and a comparison group visiting a contraception clinic. Instead, the vaginismus group appeared to have had fewer opportunities for discussion and interaction around sex and sex education.

FEAR OF PAIN

Fear of pain is the primary reason given for abstinence. Blazer (1964) found that it was the most important reason in a study of 476 women for avoiding intercourse. Many believed that pain and bleeding would accompany the breaking of a resistant hymen. A fear of pain was supported in a later study by Ward and Ogden (1994) in which 74% of past and present sufferers of vaginismus believed it was the reason for their condition.

Fear is believed to have both a causal and maintaining role. It may stem from a fear of getting pregnant (Lazarus, 1963); from a history of severe conditioning to expect pelvic pain as a result of enemas and soap suppositories in childhood (Malleson, 1942); or arise as a secondary conditioned response to physical or psychological causes (Crowley et al., 2006).

There is some speculation that fear may be an intrinsic quality to these women's personalities. Besides reporting a fear of pain, women with vaginismus also frequently have or have suffered in the past from other phobias (Barnes, 1986). However, as suggested earlier it is possible that this fear could represent anxiety at a deeper level that is less easily verbalised and understood than a fear of genital pain (Hiller, 2000).

SEXUAL ABUSE

Sexual abuse or witnessing sexual trauma has often been given as a reason for the development of vaginismus (Blazer, 1964; Friedman, 1962; Kaplan, 1974; Leiblum et al., 1980; Masters & Johnson, 1970; Stanley, 1981). In a comparison of vaginismic women, women with Vulvar Vestibulitis and those with no sexual difficulties, Reissing et al. (2003) found women with vaginismus were twice as likely to report an incidence of sexual interference in their history. The unwanted experience may have an effect on their view of the self as sexual and created vulnerability for sexual difficulties. However, no significant group differences have been found in the prevalence rate of sexual abuse in women with vaginismus when compared with the general population (Barnes, 1986). Van Lankveld et al. (1995) found a sexual abuse rate that was actually lower than that of the general population. In a study by Ward and Ogden (1994), past and present suffers did

not rank sexual abuse, physical abuse or rape highly among a list of perceived causes. Interestingly, Leiblum et al. (1980) suggests that the response of others to a sexually traumatic incident may be as important as the event itself. Further research is necessary to elaborate on this as a contributing factor to the condition of vaginismus.

RELIGIOSITY

A strict religious upbringing has been identified as one of the most important causal factors: "The literature in general supports the view that religious orthodoxy, of whatever denomination, induces a sense of guilt in sexual behaviour which often leads to sexual dysfunction" (Barnes, 1986b. p. 64). Barnes (1986b) also believes that the nuclear family may often intensify expectations of high moral behaviour, inhibiting sexual expression and interaction.

Although it is not unusual to encounter a background of religious orthodoxy among women diagnosed with vaginismus, Taylor (1975) writes that an examination of religious taboos supports the idea that these women may have an earlier negative attitude to sexuality, which increases their vulnerability to inhibition. This suggests that an underlying personality disposition could have a modifying impact on the content of any messages received. However, religion as a causal factor has received inconsistent support (Reissing et al., 1999).

MISCELLANEOUS FACTORS

Other suggested factors include a restrictive and rigid attitude towards sex, a fear of intimacy, of pregnancy, or of aggression, belief that one’s vagina is too small, a preference for a female partner and an intense dislike for intercourse that is not undertaken for purposes of reproduction (Reissing et al., 1999). Coppini (1999) suggests that vaginismus “is the manifestation of a personality with psychotic elements” (p. 49).

INTERPERSONAL FACTORS

Interpersonal factors have also been investigated. Vaginismus may be viewed as a response to infidelity, as the product of an ambivalent attitude towards marriage, as an

attempt to passively-aggressively punish the male partner (Masters & Johnson, 1970) or due to a fear of sexually transmitted disease (Poinsard, 1968 cited in Wince & Carey, 1991). Fathers of vaginismic women have also been described as a threatening, fearful, and often violent figure (O' Sullivan, 1979), who was experienced as tyrannical and often "either physically or verbally violent to a high degree" (Barnes, 1986b, p. 63). They carried out a general negative conditioning towards sexuality to induce a sense of guilt and shame.

SUMMARY OF HOW VAGINISMUS IS THOUGHT TO DEVELOP

Although many theories have been proposed, the general agreement in the literature is that vaginismus is a psychophysiological disorder in which there may be avoidance of sexually feared situations that has resulted from previous actual or imagined negative experiences. Theories differ on which factors are responsible for the development of the negative experiences, but generally it is accepted that many factors play a role in the development of vaginismus.

The immediate cause is said to be an involuntary muscle spasm which is severe enough to cause marked distress and prevent penetration. Organic causes may be responsible for the spasm and in that context it is an expected response to painful stimuli but a learned response may remain after the difficulty is addressed.

Inconsistent support is found for many of the other suggested factors. These include misinformation, ignorance and guilt, a fear of pain, sexual abuse, religiosity and various miscellaneous factors. Some interesting insights emerge from the literature regarding the above factors. It is suggested that the effect of sexual abuse is equally a product of the response of others to the incident, as it is to the incident itself. This may influence how the abuse is perceived and perhaps associated sexual behaviour. It also suggested that high moral expectations from the family might add to guilt and inhibition within an already severely restrictive, religious upbringing. Interpersonal relationships have also been identified as contributing to the development of vaginismus and here the condition may be an attempt to protect the self from unwanted emotional pain and intrusion.

1.3 MALE PARTNERS OF WOMEN SUFFERING FROM VAGINISMUS

A substantial amount has been written about the male partners' personalities and there is a great deal of similarity in how they are perceived and described in the literature. The role of the male partner cannot be ignored because knowledge and understanding of sexual functioning within the relationship is constructed by the interaction of the two partners. According to Malleson (1942), "although one partner may be initially responsible for the difficulty, more often than not this trouble is, so to speak, 'infectious' or at any rate, accentuated by the other partner" (p. 26). The male partner's role in coitus and marriage is believed to be an important factor in the maintenance, if not the cause of vaginismus (Barnes, 1986b; Leiblum et al., 1980; Masters & Johnson, 1970).

I. DESCRIPTION OF THE MALE PARTNERS

The male partners of women with vaginismus are typically described as gentle, timid, inexperienced, overly considerate, and passive-dependent men who are unassertive with lower than average sexual desire (Fertel, 1977 cited in Leiblum et al., 1980). The female partner is seen as the more dominant personality in the majority of the cases (O'Sullivan, 1979). A psychometric study of both partner's personality by Kennedy et al. (1995) found the male partners "to be reserved rather than outgoing, sober rather than happy-go-lucky, shy rather than venturesome, trusting rather than suspicious, tense rather than relaxed" (p. 16).

A high proportion of the male partners are described as gentlemen, who are kind and polite, display a good deal of tenderness and concern towards their partner, and show much consideration and understanding for her condition (Puxon & Dawkins, 1963; Stanley, 1981). These qualities of support and empathy may help with the continuation of the relationship, but some partners experienced supportiveness without an appropriate level of assertiveness, as an exacerbation of the difficulties caused by vaginismus in a study by Canin (2006).

In a study which focused specifically on the male partners of women with vaginismus, Grafeille (1986 cited in Gindin and Resnicoff, 2002) described the male partners as sexually inhibited; usually they suffer from impotence or premature ejaculation, appear to be masochistic moral types as result of a repressive upbringing, and may have obsessive personality characteristics. They are described as monogamous, faithful and protective.

Leiblum et al. (1980) suggests that the male partners may be sexually naïve, afraid of causing injury to their wives, and show a remarkable tolerance for abstinence from intercourse. Similarly, Mayer (1932 cited in Friedman, 1962) also wrote that there is a high incidence of sexually inexperienced men among the partners of vaginismic women. Kennedy et al. (1995) also alleges that a strong element of social naiveté extends to both partners.

In addition, the husbands are described as frequently “timid, gentle, over permissive men who have either overt or hidden anxieties about their own sexual role and potency” (Ellison, 1972, p.45). The husbands may be afraid of their own aggressive sexuality and could be rendered impotent by their fears of hurting their wives and, perhaps, fear being hurt in return (Dawkins & Taylor 1961 cited in Reissing et al., 1999; Friedman. 1962). However, these are observations from the female partners, clinicians and researchers, not self-descriptions or valid inferences from psychometric studies.

Although the above descriptions are commonly found in the literature, no difference in personality characteristics have been found when these men have been empirically compared with control groups (Duddle, 1977; van Lankveld et al., 1995). This may have occurred because "couples in which the male is more traditionally gender-typed are less likely to present for the treatment of vaginismus" (Wince & Carey, 1991, p. 60), while the descriptions of the male partners are mostly derived from treatment outcome studies. Therefore, the findings are not necessarily indicative of the male partner’s personality.

II. HOW MALE PARTNERS EXPERIENCE VAGINISMUS

There is great deal of variation in the experience and reaction of the male partner. How he reacts to the condition of vaginismus is said to be dependent on his psychological and sexual vulnerability (Kaplan, 1974). Frustration may arise from the inability to understand what is happening and could be accompanied by a sense of helplessness (Kaplan, 1974; Leiblum et al., 1980; Pukall et al., 2000; Weiss, 2001). Partners are said to initially be considerate and supportive, show patience and be helpful in finding a solution for the condition (Pukall et al., 2000). They may also feel “puzzled” (Leiblum et al., 1980), unable to make sense of the condition, understand how it developed or why the “penis hits a brick wall” (Lamont, 1978, p. 633). In a study by Ghering and Chan (2001) a male partner expressed feeling shock and anguish and described himself "feeling puzzled, ashamed, embarrassed, isolated and unable to talk about it with any of his friends" (p. 61). Many are uncomfortable when the topic of sex arises in public.

Vaginismus may lead the man to question his own sexual identity and his partner’s desire for him (Kaplan, 1974; Masters & Johnson, 1970). In discussing 29 case studies, Masters and Johnson (1973) suggest, “many male partners may consider a sexually non-responsive partner as both a source of personal rejection and as continuing evidence that they fail to function effectively in a masculine role” (p. 379). In a case study by Leiblum et al. (1980) a male partner described feeling “frustrated and disgusted”, “angry for putting up with it and had wasted a number of years”, “humiliated”, “bitter” and “duped”.

As has already been highlighted in the first part of the section, difficulties in the diagnoses of vaginismus can hold adverse consequence for some couples. It is not unusual to find couples who have been continually disappointed by multiple previous treatments and procedures for vaginismus. A minority of untreated cases remain undiagnosed, inappropriately diagnosed, or misdiagnosed (Barnes, 1981; Friedman, 1962; Ghering & Chan, 2001). They move from physician to physician (GPs, gynaecologists, urologists etc.) receiving various treatments and in their search absorb vast medical resources in terms of “investigative procedures, futile therapy and unnecessary surgery” (Barnes, 1981, p. 20).

III. SEXUAL INTERACTION

The meaning of sex for the male partners differs considerably. The most prominent complaint by the male partners in a study by van Lankveld et al. (1995) was dissatisfaction with the frequent lack of sexual contact. In contrast, Kabakci and Tugrul (1997, cited in Canin, 2006) found that a third of the men in their study showed no negative reaction to non-penetrative sex, however, these partners did tend to have a higher frequency of sexual dysfunction. Although the lack of sexual intercourse may be experienced as frustrating, many couples continue in relationships where they only engage in non-penetrative sex. The male partners in these relationships are often reported to have lower than average sexual desire (Basson, 2005).

The couple may initially have chosen to save sex until marriage (Stanley, 1981). After the initial failure to consummate their relationship and repeated subsequent failed attempts, it is typical for a considerable amount of time, sometimes as long as 10 or 20 years to pass before they actively seek treatment for the condition. Leiblum et al. (1980) suggest that this might be due to ambivalence and the fact that male partners tend to show a remarkable tolerance for abstinence. It may also be due to the woman's avoidance of any situations that will trigger the spasm, and she may only seek help if pressured by her partner (Weiss, 2001).

The male partners are often seen to be sexually naïve and show a fear of injuring or causing pain to their wives (Leiblum et al., 1980). The interference with coitus may be at least partially related to the woman's indifference to sex and male partner's sensitivity (Reissing et al., 1999). Furthermore "a number of patients for whom penetrative sex is not possible have very concerned partners who will stop pushing against the closed vaginal passage before it becomes too painful" (Hiller, 2000, p. 87).

The vaginismic couple may have a rich sexual repertoire that excludes penetrative sex, resulting in a satisfying non-penetrative sexual relationship (Leiblum et al., 1980). Many women may still have normal sexual desire, lubricate, and be able to achieve orgasm (Kaplan, 1974). A sexually non-responsive partner appears to be of greater concern, and

many vaginismic couples continue to stay together. Some sexual relief may be obtained from mutual masturbation or coitus infemora and because this lowers levels of anxiety, it may be partly responsible for a delay in seeking treatment (Ellison, 1968).

The couple mostly fear losing the opportunity to procreate (Harman et al., 1988). It is possible for the woman with vaginismus to conceive even though the relationship remains technically unconsummated: “Conception can arise from ejaculation on the vulva or at the introitus, without full penetration” (Lamont, 1978, p. 635).

Social norms may exert a strong influence over the couple and their view of sex. According to Barnes (1981):

> “…when it comes to intercourse society has clear expectations of a young, married couple. Western society, in particular, places a very high value on it and proclaims this value more stridently each year. These public expectations and attitudes exert a strong pressure on the individuals who fail to match them and induce an intense feeling of personal inadequacy.” (p. 19)

The strong influence of social norms is supported in a group treatment study by Ghering and Chan (2001), where many of the participants expressed anger at the pressure they felt in Western society regarding the norms of beauty, sexuality and intercourse between consenting adults. Barnes (1981) believes that “patients derive little help and no consolation from the general public, who in their health and fecundity seldom give it a second thought and have a vague notion that adoption solves both non-consummation and infertility” (p. 19). The woman with vaginismus most acutely feels the loss of self-esteem, but as a result of repeated failure and disappointment the “normally functioning” partner may be affected as well.

IV. MALE SEXUAL DYSFUNCTION

Masters and Johnson (1970) have reported that vaginismus has a strong association with primary impotence in the male partner and recommend simultaneous evaluation of both partners when sexual dysfunction within a couple is presented. It is uncertain whether the involuntary spasm occurred before unsuccessful attempts at penetration or whether frustration in the female partner led to a secondary development of vaginismus. They suggest that "primary impotence and vaginismus probably antedate one another with equal frequency, but when either exists a marriage cannot be consummated, and sexual dysfunction is likely to appear in the other partner" (Masters & Johnson, 1970, p. 252).

O'Sullivan (1979) found that husbands were twice as likely to have a sexual dysfunction of their own if their wives had vaginismus, rather than an orgasmic dysfunction. The male partner's "own ability to function sexually may remain intact, but frequently husbands of vaginismic patients develop secondary impotence as a reaction to their wives' disorder" (Kaplan, 1974, p. 413). Lamont (1978) also identified the problem of situational impotence and premature ejaculation amongst male partners of vaginismic women in his study. However, many couples with vaginismus reside together for long periods without the appearance of male sexual dysfunction (Masters & Johnson, 1970), and it is important to note that two of the most common sex problems generally found in men are impotence and premature ejaculation (Mackay, 2001).

Male sexual functioning may well be adversely affected by repeated frustration (Leiblum et al., 1980), but studies of chronology of male sexual dysfunction, erectile dysfunction and premature ejaculation suggest these are secondary to vaginismus and/or transient with successful treatment of vaginismus (Barnes, 1986; Reissing et al., 1999). The findings of van Lankveld et al. (1995), based on the self-reports of male partners did not support the hypothesis of Masters and Johnson (1970) that sexual and psychological problems of the (male) partners are associated with the sexual pain dysfunction of their spouses, as few of the men reported sexual dysfunctions of their own.

V. NATURE OF THE INTERACTION BETWEEN THE COUPLE

It has been speculated that the vaginismic couple may be involved in an unconscious collusion to avoid their own respective anxieties around sexuality and to protect themselves from their own fantasies about the aggressiveness of sex. It is suggested that male partners are chosen because of their passive and unassertive nature, they are “nice guys” who lack sexual persistence, whose passivity preserves the status quo and protects them from dealing with their own sex role anxieties (Ellison, 1972; Friedman, 1962; Silverstein, 1989).

Both partners are said to have a strong need to maintain the status quo (Leiblum et al., 1980) and in the relationship the woman has found a man who will not violate her while the man has found a woman who does not seek complete intercourse (Puxon & Dawkins, 1963). This collusion is meant to work on a basis that neither partner pushes the other so that their mutual flaws never rise to a level of awareness, and in this way their flawed conceptualization of self and other can be maintained (Reissing et al., 1999). In contrast, sexually secure husbands might overcome mild degrees of spasm by persistent, but firm, penile insertion (Dennerstein & Burrows, 1977 cited in Reissing et al., 1999). Non-consummation of the relationship may represent a compromise between the two partners, both of whom unwittingly collude to maintain it (Friedman, 1962).

The high frequency of passivity in the husbands is said to be especially evident in women who, as children remembered their fathers as threatening, frightening and often violent (Barnes, 1986b; O’Sullivan, 1979; Silverstein, 1989). The husband is the antithesis of the violent male figure experienced in the earliest intimate relationship. In her formative years the woman may have assumed that the violence was pervasive and also occurred in the bedroom. Therefore, even though the partner has been carefully selected, she may still resist identifying with her mother through consummating the marriage (Barnes, 1986b). To avoid confronting hidden anxieties around his sexual role, potency and fears about the aggressiveness of sex the male partner may collude with non-consummation by showing a remarkable tolerance for abstinence and a lack of persistence in encouraging his partner to attempt to overcome the condition (Ellison, 1972; Leiblum et al., 1980).

The sexual needs and problems of individuals are frequently compatible with, contributed to, or maintained by their partners (Masters & Johnston, 1970). Indeed (Haley, 1963 cited in Krige, 1985) writes:

> “One finds if he explores a symptomatic marriage, that one spouse characteristically has symptoms which are integrated with the symptoms of the other spouse. These views are in agreement with Kaplan's remark that often the sexual disability of the symptomatic patient is a reflection of and serves as a defence against the spouse's psychopathology.” (p. 1058)

Friedman (1962) refers to this as the "neurotic collusion between husband and wife which stabilizes a pathological behaviour pattern" (p. 51).

Puxon and Dawkins, (1963) believe that the presence of a collusive pattern of functioning does not necessarily mean that the couple is “not extremely unhappy” at the failure to achieve a satisfying penetrative sexual relationship. Rather, it implies that the causes of their current predicament are to be found by looking at their histories before the relationship and it may be inherent to their personalities. The presence of the couple in treatment implies that there is some urge to address the situation.

VI. COUPLE DIFFICULTIES

There is some speculation that vaginismus may be due to couple difficulties, such as infidelity, conflict and anxieties in a marital relationship, especially around sexuality (Ghering & Chan, 2001), but this is not supported by other research. Hawton and Catalan (1990, cited in Reissing et al., 1999) found that vaginismic couples demonstrated significantly better communication and better over-all relationship ratings than a comparison group. Self reports of couples’ state that the presence of marital problems and other stressful events is low (van Lankveld et al., 1995). However, poor communication without appropriate treatment may lead to increased stress, a heightening of anxiety, increase in symptoms (Harman et al., 1998), secondary dysfunctions such as orgasmic dysfunction (Lamont, 1978) and even separation and divorce (Ghering & Chan, 2001).

According to Kaplan (1974) the quality of the vaginismic couple's relationship may vary a great deal. It is likely that conflict is confined to certain areas, especially sexuality, but levels of communication and companionship may be highly developed as the couple overcomes their loss of self-esteem and forge a new identity in a non-sexual union (Barnes, 1981). However, Stanley (1981) believes that the positive quality of relationships may serve to hide hidden power struggles. The couple may suspect each other's motivation and commitment and the male partner may question his wife's affection for him.

Basson (2005) suggests that the level of emotional intimacy influences the amount of distress experienced by the couple. Couples in unconsummated marriage have been found to share deeper levels of companionship and partake in joint pursuits. This may occur as they avoid outside situations in which the topic and discussion of sex may arise.

SUMMARY OF THE LITERATURE ON MALE PARTNERS

The literature indicates that there may be some psychological similarities in vaginismic couples, but also striking diversity in the psychology of the women, the personalities of their husbands, and the relationships between them (Leiblum et al., 1980). The information on causation and impact stem mostly from treatment outcome studies, none of which have been evaluated empirically, and many suffer from basic methodological flaws that do not allow for serious evaluation of the etiology (Binik et al., 2002). However, the dominant focus on etiology in the literature has not addressed the issue of male partners' subjective experiences of 'living with' vaginismus.

In undertaking to explore the experiences of the male partners it is recognized that this is an area where certain forms of behaviour have been either normalized or pathologalized by societal views. There is great variation as to what may be defined as sexually normal (Kinsey, Pomery, & Martin, 1948), but vaginismus may undeniably cause significant distress for a couple (DSM-IV-TR, 2000). Some male partners, especially those who have been married for fewer years, are often perplexed, confused and distressed by the condition (Kaplan, 1974).

The literature findings need to be critically appraised, as most of the information on the male partners has been obtained indirectly, and may have been based on the acceptance of stereotyped sex roles and behaviours. This study takes a critical stance towards the literature and recognizes that that which is normative is debatable. It emphasizes the need to obtain a direct account of the experience of the male partner by "arguing for the importance of understanding the meaning of experience, actions, and events as these are interpreted through the eyes of particular participants, researchers and (sub) cultures, and for a sensitivity to the complexities of behaviour and meaning in the contexts where they typically or naturally occur" (Henwood, in Richardson, 1996, p.25).

CHAPTER 2: RESEARCH METHOD

The aim of this study was to explore the experiences of men in relationships with women who have been diagnosed with the condition of vaginismus, and how this affected the way in which these men viewed themselves, their partners, and their relationships.

2.1 AIMS OF THE STUDY

Based on the aims of the study the primary research question was:
What is the experience of men in relationships with women who are diagnosed with vaginismus?

A number of secondary research questions were derived to help answer the primary research question:

1. In what way has the condition affected their sexual interaction?
2. How do the male partners address the difficulties associated with the condition?
3. How are sex roles and activities negotiated?
4. How do the partners view their own responses and interaction in the relationship?
5. How has the condition developed over time and how did the couple become aware of it?
6. How has the condition affected the male partners' perceptions of themselves?

As this was an exploratory qualitative study, issues of sampling and design were carefully considered to conform to the hybrid inductive and deductive approach used in the analysis of the data.

2.2 SAMPLE

The sample consisted of six men whose partners had recently been diagnosed with vaginismus and were receiving professional help at Die Intensiewe Sorg Argenskap (DISA). This is a sexual and reproductive health care clinic offering a range of services for women, including family planning services, reproductive health care, sexual health care, confidential counselling and referral services.

The sample itself was one of convenience, which is not normally representative of a target population. However, in a sensitive study of this nature the participants were selected on the basis that they could be accessed easily and conveniently within a secure treatment environment. A sample of six is thought to be sufficient for a qualitative study of this nature, which takes into account the issues raised in the literature reviewed.

Four of the men were White, and two Indian. Of the four White men, two spoke Afrikaans as a first language and two English. Of the two Indian men one spoke Hindi as a first language, and the other English. The age of men ranged from 21 to 39 with a mean age of 30 (Refer to Table 1 for a summary of participants information).

Four of the six men had partners who suffered from primary vaginismus and had never had penetrative intercourse before. The partners of the other two men both suffered from secondary vaginismus, i.e. they had had penetrative intercourse before the difficulties associated with vaginismus were experienced.

2.3 PROCEDURE

DISA clinic was approached and informed of the nature and aims of the study (Refer to Appendix I). The sexologist at the clinic approached relevant clients and informed them of the study. The nature, aims and procedure of the study were outlined to these individuals and their assistance requested. An information sheet (Refer to Appendix II) was then forwarded to prospective participants by the clinic. This document explained the background, aims of the study, what was required from participants and outlined how the study would be carried out. Interested individuals were asked to contact the researcher to set up an interview time.

The individual interviews were held in a consulting room at the clinic at a time convenient to each of the participants. Before the interviews, the nature, aims and outline of the study were explained again, including the use of a digital recorder. On agreeing to participate the participants were asked to sign two consent forms, one in which they gave their consent to participate in the study (Appendix III), and another giving consent that the interview could be recorded for later transcription (Appendix IV). They were also informed that a professional was available for debriefing should they experience any distress as a result of the interview. This was pre-arranged with staff at the clinic.

2.4 DATA COLLECTION INSTRUMENTS

Each participant was asked to participate in a semi-structured interview. This format provided a means to guide the interview through the required areas, but also allowed for clarification and exploration of new information. A schedule of 11 questions (Refer to Appendix V) based on the literature themes around the male partners of vaginismus sufferers was drawn up to guide the interview. The interviewer used the questions as a guide to elicit further information and for exploring avenues raised by the participants.

The open ended questions in the interview schedule were ordered from those requiring more impersonal and general data, to questions requiring specific and sensitive information. The questions were first phrased broadly, followed by more focused probing to elicit specific information. The same logical structure of the questions was used for each interview.

2.5 DATA ANALYSIS

Thematic content analysis was used to analyze the data. It involved sifting through the interview data to reduce and categorize the large amounts of information accumulated into more meaningful thematic units for interpretation. Thematic content analysis is one method of capturing the qualitative richness of the participants' experience and perceptions and aids in exploring the influencing themes. It is based on the assumption that a relationship exists between the participants' actual responses and their psychological and emotional states (Boyatzis, 1998).

The procedures used in this method of analysis allowed for congruency with the critical approach, the personalized nature of the subject matter and the data collection tools. This aided in the description of how the participants' perceptions of sex and sexual interaction were constructed and understood within an environment where the difficulties of vaginismus appeared to challenge entrenched social beliefs that sexual intercourse is natural and anticipated in all sexual relationships.

Taking the above into account, thematic content analysis is particularly well-suited to this study because its conceptual framework lends itself to interpreting data as communicated to the researcher within the context in which it arose (Krippendorf, 1980). Content analysis was used within this framework to draw inferences from the data, which were then analyzed in the context of the participants' experience and perceptions of their relationships and the literature review.

A hybrid inductive and data driven approach based on work by Fereday and Muir-Cochrane (2006) was implemented in the analysis because of it's congruency with the aims of this study. The exploratory nature of the study was aimed at obtaining direct accounts of the experiences of the male partners against the backdrop of somewhat dated and preconceived notions of sexual behaviour and interaction. The objective of the analysis was to reduce the interview transcripts into logically coherent themes that were pertinent to the research questions. A modified version of the processes outlined by Boyatzis (1998) and Krippendorf (1980) was followed:

1. Each interview recording was individually transcribed and treated as a separate unit of analysis. The transcriptions were paraphrased one by one and a short outline of each one was created. This outline became a 'description in time' of what happened in the interview. Some material which resisted transcription was left as quotes to form key points of comparison. These were later used in horizontal analysis, where the themes found in each transcript was compared across all the other transcripts for differences or similarities.

2. Multiple themes were identified within each unit. This involved firstly, identifying subject matter that was important to meeting the aims of the study and information that helped to answer the research questions. Information not relevant to the topic was eliminated. Secondly, the research questions were read in relation to the title. Salient keywords which highlighted subject matter and textures of that subject matter were isolated. This consisted of information that included participants' experience, perceptions, attitudes, opinions and understandings.

3. Next the paraphrased outlines were compared to determine the presence or absence of patterns among the pieces of information regarded as important. This led to the identification of significant themes. The themes were compared across the units to identify important similarities and differences. An example of this was the theme describing the influence of previous negative sexual experiences that the participants believed were partly responsible for their partners developing vaginismus.

4. The aim was to reduce the information into smaller, more manageable 'packets' which contained only the salient information from the raw transcripts. A conscious effort was made not to interpret the themes at this stage, whilst still ensuring that the patterns were "intellectually coherent". (Boyatzis, 1998, p. 47). Using the previous example, only a list of the important similarities and differences contained in the participants' descriptions of their partner's negative sexual experience was drawn up

5. Finally the differentiation in relation to themes within each unit and across the units of analysis in the code were compared and related back to the literature. Still continuing with the same example, similarities and differences in the factors that each participant had identified as responsible for their partners developing vaginismus was noted within each interview and across all the interviews and compared with findings in the literature.

6. The discussion of the findings was structured by the first three steps and the literature review. The first step created a paraphrased outline of the each transcription,

reducing it to one or two pages. This defined a limited number of areas around which to structure the data. The second step eliminated from each paraphrased transcription, information that was not relevant to the topic and did not contribute to answering the research questions. This further refined the areas of interest that were contained in the findings. The final step highlighted patterns of similarities and differences within each and across each paraphrased transcription, and the accompanying data was used to describe and explain the variation in themes.

Tensions, contradictions, apparent omissions, and interviewee reticence were noted and incorporated into the analysis and discussion of the data. Contradictions were interpreted within the wider context of the interview data and as a result they were handled differently based on the circumstances in which they arose. At times contradiction appeared to be an indication of the participants' ability to take contrasting views or their reluctance to fully ascribe to a dominant view. Alternatively, they highlighted underdeveloped areas of the participants' personalities, poorly developed constructs or a specific lack of knowledge. Tension was treated as an indication of an underlying conflict and the interview data was re-examined for any data that may have provided additional information about possible sources of conflict. Apparent omissions were viewed in the context of all the information gained in the interview, and answers to questions focused on similar areas were checked to see if a particular theme was present. Reticence, and the fact the not all the participants spoke English as a first language was thought to add to respondent bias and is discussed in the section on limitations and recommendations.

2.6 ETHICAL CONSIDERATIONS

The study was regarded as highly sensitive due to the nature of the condition and the personal information required from the participants. The fact that the couples were seeking treatment and were considered a vulnerable population only increased the need for strict ethical choices and careful thought by the researcher. It was also considered important that the researcher evaluate his own biases and values (Bless & Higson-Smith, 2000) and assume a non-judgmental attitude. The participants were especially concerned that the researcher should be approachable and willing to listen to their views.

I. VOLUNTARY PARTICIPATION

Participation in the study was entirely voluntary. The participants were first contacted by the sexologist at the DISA clinic (the clinic was given an information sheet listed in Appendix I), who informed them of the study, emphasized that it was entirely voluntary and requested that they contact the researcher if they were interested in participating. An information sheet (Refer to Appendix II) detailing the nature, aims and outline of the study, and containing information about the researcher was given by the clinic to those who displayed interest so that they could make an informed decision about participating. Once they had contacted the researcher and received further information on the study, a time convenient to the participants was set up.

II. INFORMED CONSENT AND RIGHTS OF PARTICIPANTS

At the point of the interview, it was reiterated that participation was entirely voluntary and there would be no repercussions if the prospective participants decided against it. They were informed that if they chose to participate they could end their participation at any time, without any consequences. It was stressed to the prospective participants that they could refuse to answer specific questions. They were also informed that should any concerns arise from the interview, they would have the opportunity to discuss these with a professional at the clinic. Issues of confidentiality and trustworthiness were considered to be of prime importance.

III. CONFIDENTIALITY

As the information divulged was of a very private nature, it was important to emphasize to the participants that their confidentiality would be respected. Before the interview they were informed that the only person to have access to the recordings would be the researcher. They were also told that the final research report would contain a copy of the original transcripts, but that any identifying details would be omitted. They were informed that the study may be written up as article in a scientific journal, but that identifying details would be omitted or disguised.

If they still wished to participate, the participants were asked to sign two consent forms, one agreeing to take part in the study (Refer to Appendix III) and another allowing for the use of a digital recorder to transcribe the interview (Refer to Appendix IV). The interviews were recorded on a digital recorder, and only the researcher had access to these throughout the study. Interviews were transcribed, identifying details removed, and the material discussed with the research supervisor, a clinical psychologist, for supervision purposes. On completion of the study, the recordings were destroyed.

The study was of an extremely sensitive nature due to the nature of the subject matter and the fact that the couples were in a treatment programme. Interview questions were kept neutral and interviewer responses were limited to gentle probing to elicit further information. The language used was simplified and lessons learnt in earlier interviews were used in later ones. In addition, there was close supervision by the researcher's supervisor who guided and improved the researcher's interview skills.

The participants' information was treated with the utmost confidentiality. The research report used pseudonyms and any identifying details were disguised. Participants were also informed that the report may be published, may use direct quotes, and would include a copy of the original transcript. They were also informed that a summarized version of the results of the study would be made available to them on request.

CHAPTER 3: FINDINGS AND DISCUSSION OF THE DATA

This section will integrate the findings and analysis of the data in a cohesive discussion. It provides a brief history of the participants to familiarise the reader with the relevant contextual information. The researcher's initial impressions of the participants, recorded at the time of the interview, are also included to provide further information.

3.1 BACKGROUND OF THE PARTICIPANTS

Participant One was an Indian male in his late twenties, who emigrated from India to South Africa a number of years ago. He was casually, but well, dressed and responded to questions in a direct, open manner. Throughout the interview he maintained eye contact and appeared friendly and engaging while speaking in a steady, well-paced manner. At the time of the interview he had been in an arranged marriage with his wife for just over 13 months. His family had gone to India to seek proposals and find a partner for him and the couple was introduced through a maternal connection.

Participant One's partner initially told him that she had a fear of sex and he thought that "it's probably possible if you haven't been sexually active". He became certain in the first two months of their marriage that something was amiss, not only from the "inability to penetrate" but due his wife's fear and "excuses" around intercourse.

The couple first contacted a psychologist who allegedly told them that this was normal behaviour for a newly married woman who was unfamiliar with her husband. They were allegedly advised to try and relax during attempts at penetrative intercourse. As the condition worsened, his wife researched "fear of having sex" on the internet and discovered the term vaginismus.

In their second attempt to get help the couple were referred to an urologist, but never kept their appointment. Instead, they went to see a hynotherapist, who allegedly told them that the condition was all in the mind and "the mind created that fear so the mind can also undo the fear." After four or five sessions with no results they lost confidence in the

treatment. Their next meeting was with a gynaecologist who, according to Participant One, didn't "know about vaginismus or anything." The gynaecologist allegedly said the wife's abnormal fear of sex and reaction could stem from a repressed history of sexual abuse, however she denied any knowledge of past abuse.

Participant One felt that there was a distinct lack of understanding and awareness of vaginismus and unconsummated marriages out in the world: "Nobody really understands this. I don't think 9 out of 10… 9 and a half out of 10 won't understand if you actually tell." For him, this lack of understanding was not limited to the general public but included their family, medical community and beyond. He was disturbed by the fact that they had consulted many professionals who were allegedly unable to diagnose the condition, "I mean the fact that gynaecologists don't know is really worrying. I mean that fact… the moment you think there's a problem the first person you contact is a gynaecologist. Uhm I think more than 50% of them wouldn't give you the right help."

Participant Two was a white, Afrikaans male, age 39. He was casually dressed, although he appeared tense and slightly volatile. He spoke plainly and expressed himself in lengthy, intense outbursts. A persistent theme was the portrayal of sex in the media and his wife's unhappiness and dissatisfaction when he looked at other women. Towards the end of the interview he spoke angrily, and vented his frustration about his circumstances. The couple had been together for 18 years and had been married for 15 of those. The interview was conducted in English but the participant's first language was Afrikaans, so he experienced some difficulty in articulating his thoughts at times.

He had not known that his partner had this condition before they became sexually involved. Due to their religious beliefs, neither of them believed in sex before marriage, and the first time he became aware of the condition was when trying to consummate the marriage: "We tried to have sex and there's just absolutely no penetration, absolutely no nothing. Not a finger, nothing, there's nothing. It's painful and it's uncomfortable and she chooses not to… not to allow it. I mean it's just painful. It's just like raping somebody. So you just lose interest. You lose erection."

They had conceived three children which involved, “well just squirting sperm in there and she was standing really on her… her shoulders… on her head.”

About six months after their wedding his wife’s gynaecologist referred her for a hymenectomy as her hymen resisted penetration. The operation appeared to have made no difference to their sex life. Participant Two thought that the operation was detrimental to his wife’s health and their relationship. The couple’s arguments continued and he became more frustrated by the lack of available knowledge. His wife was upset by his insistence on addressing the situation.

Their next port of call was a sexologist who was allegedly shocked to hear about their situation, “He never heard in his life about people having children and sort of such an extreme freakish case you immediately feel uncomfortable with this guy. I mean he wants to… sort of call in the media you know.” Their discomfort at the manner in which they were treated and the procedures that the sexologist used made them decide not return.

They then went to a second gynaecologist who referred them to another sexologist and this pattern continued for a number of years. He felt that there was no information and no help available from anybody. They were unable to manage the situation and “… stood on separation or divorce twice or three times.”

Participant Three was a white male in his late thirties, short in stature and dressed in worn jeans and a faded shirt. He appeared nervous, slightly ill at ease and rushed. He mentioned several times that he had to return to work within two hours. He was reassured that the interview would not take more than one hour and it only lasted about 23 minutes. Throughout the interview he appeared very businesslike, sat back stiffly, and maintained little eye contact, giving short abrupt answers.

The couple had been together for more than 12 years. They met on a blind date and dated for about three years. At the time of the interview, they had been married for just over

eight years and had “a good relationship with one another.” Although he had been with other women, she was his first “girlfriend,” who he went on to marry.

Throughout their marriage, they had not had intercourse. They allegedly only became aware of the condition in the last 18 months. His wife’s gynaecologist informed her that she thought she had vaginismus. The diagnosis of vaginismus did not seem to have had a significant impact on him: “It wasn’t a shocking thing to me or anything. It wasn’t, yeah I didn’t see it as being a big problem or anything like that.”

When asked how they had managed the situation he replied, “Uhm… oh fuck I… I don’t know.” His wife appeared to have taken a more active role and tried to find information on how to treat the situation. He felt that he had no “problems to help generally,” and that his wife had been very grateful when he agreed to attend the interview, and that “it was a big thing for her.” They sought treatment in order to have penetrative intercourse and conceive a child. This had been mainly his wife’s decision and he had not been aware of it until she informed him after her initial consultation with the clinic.

Participant Four was a well-dressed, articulate, white Afrikaans male, aged 27. He appeared relaxed, maintained eye contact and spoke slowly and assertively. He was forthright and open in answering the questions, although he became a bit coy when discussing intimate issues. The couple had been together for six-and-half years and had been married just over two years.

Neither person had been aware of the condition before they got married. They first attempted intercourse on their honeymoon and attributed the failure to a lack of familiarity with each other. After further difficulties on later occasions, they went to see a gynaecologist who allegedly said, “there’s nothing wrong, she must just relax”, and prescribed medication. Subsequent attempts failed and Participant Four “never wanted to force” himself on his wife, and the couple arrived at the point where they did not engage in penetrative sex.

They approached his wife's mother who referred them to a sex therapist, where they discovered the term vaginismus about eight months after they were married. The therapist provided them with literature and exercises, but Participant Four says, "in all fairness we didn't do the exercises as often as we should have. We did it on and off and we struggled on for about a year-and-a-half now and so yeah."

They sought further treatment to find out how to treat the condition and to get a "fixed program." Embarking on structured treatment brought benefits to the couple. They could finally understand that what they were dealing with was a condition with a name and that other couples had overcome the same difficulties. The exercises enabled his wife to use a tampon, which was "really good for her personally" and was a big improvement for them. He felt however, that the exercises affected their interaction. When it came to "doing normal caressing and things like that" their behaviour had become very mechanical and they lost "a bit of a spark." However, there appeared to have been improvements with regards to sexual interaction and genital contact. He believed that they used to "struggle much more previously", but at the time of the interview they had been able to engage in a wider range of activities. Their ultimate goal was to have penetrative sex and conceive children.

Participant Five was a white male, age 21. He was the youngest participant in the study and had finished school three years before the time of the interview. He was casually dressed and appeared slightly apprehensive. He read the information forms slowly and carefully, before signing without writing down his name. As the interview progressed he became more co-operative, yet still appeared wary.

He had been with his partner for 18 months. She was his second sexual partner and he, her first. They met at their place of work. He described their relationship as very strong. Soon after meeting they went away for a week and on the first night had tried to have intercourse twice, but it had been "sore" and "too painful". His partner had also been unable to use tampons even before they met. After this episode she consulted a gynaecologist who allegedly told her to "calm down and find ways to relax."

They could achieve penetration on subsequent attempts, but the experience was very uncomfortable and this led them to believe that something was wrong. They initially met with a psychologist, even though Participant Five believed it would not help "because it's not an emotional problem where if you talk you burst into tears (and) you finished. It's physical, proper problems." His partner sought further help from the clinic at which the interview took place. After learning about vaginismus she informed him about the condition.

In the three months preceding the interview the condition had manifested as a "physical problem causing emotional hurt from both sides." They had come for treatment because they wanted to have intercourse and "to be happy", to have the problem resolved and to continue with their lives.

Participant Six was a 30-year-old Indian man. He was smartly dressed and gave the impression that he was in control of whatever task he was doing. Before the interview he appeared to be wary and quite skeptical. Once the interview began he initially answered hesitantly, giving short, direct answers. He often appeared to be lost in thought, became inattentive and asked for the questions to be repeated.

The couple had been together for two-and-a-half years, but continued to live separately. He said they were just, "coming out of a rough patch" in which they separated for about three to four months. At the time of the interview they were on very good terms with each other: "We sort of uh… kind of sorting out from the half way mark if you put it that way and… yeah it's pretty good." He believed that they had personality characteristics which were incompatible and had led to difficulties in intimacy.

He had become aware of the condition before his partner. In the first six months of their relationship, they had discovered that there was a problem in their sexual interaction, which they initially attributed to emotional difficulties. He recalled a "lack of intimacy, sexual sort of problems, lack of sex and stuff like that." As the relationship progressed, he assumed that it was physical from his side and emotional from hers and that the two

played off against each other and caused a cycle of beliefs and behaviour. He had only recently started to believe that it was not purposeful behaviour on her part or linked to difficulties in the relationship.

They were prompted to seek couples' counselling because they had attributed the cause of vaginismus to emotional difficulties:

> "And the assumption was once the emotional issues were sorted out it would affect the physical and the physical would be fine. Uhm… I had finally sort of like gave into the idea of counseling and I saw the advantages of it and we went for counseling and it didn't change the… uhm…it didn't change our intimacy levels or uhm the intimacy frequency, the frequency of intimacy. It actually got worse."

Their next step had been to approach a "specialist in the field of intimacy and sexuality," the clinic attended at the time of the interview. He admitted that he had pressured his partner to address the condition because he believed that she feared acknowledging the problem. They were also in treatment because he said, "I just can't handle reaching a… a sort of a boiling point of… of celibacy and uhm just to try and fix the problem." He hoped to get a better sex life out of treatment, or at least some sex life, because he believed that he and his partner shared a strong bond.

SUMMARY OF THE PARTICIPANTS' BACKGROUND

The following is a summary of the researcher's impressions of the men and their relationships. The age range was fairly large, 21 to 37. So too was the range in the length of time that the couples had been together, the shortest relationship being 13 months and the longest over 18 years. Four of the six participants were married and two unmarried. All professed to be "Christian", which is interpreted as their religious denomination, rather than strong religious affiliation. Two of the men were Indian (one spoke Hindi as a first language) and the other four were white (two spoke Afrikaans as a first language).

Three other important differences were evident. Participant Two was the only one to have had children, and Participant One had had an arranged marriage. In 4 out of 6 cases the female partner had what is believed to be primary vaginismus i.e. the problem had always existed and the women had either never experienced non-painful penetrative intercourse or had not experienced penetrative intercourse at all. Only the partners of Participants Three and Six appeared to have had secondary vaginismus. According to their partners, there had been a period of normal functioning of vaginal intercourse before the difficulties manifested.

3.2 FINDINGS AND DISCUSSION

The aim of this section is to describe commonalities and differences in the participant's experiences and to explore these in the context of the literature reviewed. The findings are presented as a list of themes that arose from patterns identified within the interview data (Refer to Table 2). Boyatzis (1998) defined a theme as, "a pattern in the information that at a minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon" (p. 1). These themes contribute to an understanding of the experiences of the male partners by highlighting areas of significance related to the condition.

Several sources of tension permeate this research study. Firstly, reviews of the past literature on vaginismus conclude that the basic ideas introduced over 100 years ago continue to dominate thinking on vaginismus (Reissing et al., 1999), whereas literature that is more recent questions the fundamental issue of how the condition is understood: its classification as a sexual dysfunction and the diagnostic procedures that are used. This line of pursuit has challenged the dominant assumptions on non-normative sexual behaviour leading to new interpretations of the difficulties that women diagnosed with vaginismus experience. These new interpretations allow for the possibility of different meanings that are at times, in contradiction to more established views e.g., rather than understanding vaginismus as a sexual pain disorder with sexuality playing a central role, Pukall et al. (2000) suggests that it may be a pain disorder that disrupts sexual behaviour.

Tension also arises between the various discourses used in this study to make sense of the condition. Classical psychoanalytic theory identifies vaginismus as a hysterical or conversion symptom caused by unresolved intra-psychic conflict in childhood (Reissing et al., 1999. It argues that women who suffer from vaginismus have a castration complex stemming from unresolved penis envy in which the woman holds an unconscious wish to frustrate the man's sexual desires or symbolically "castrate" him to revenge her own "castration". These women are said to be envious of and hostile towards men due to the fact that they have been 'castrated'. Criticism of this approach stems from the theoretical

assumptions of universality and importance of penis envy. Clinical data has not confirmed that women suffer from intense unconscious penis envy and a deep hatred of men. Instead, it appears that many of the vaginismic patients are usually relieved when they are able to have intercourse and can give pleasure to their partners (Kaplan, 1974).

Kaplan (1974) rejects the psychoanalytic viewpoint and offers a multi-causal concept of vaginismus as a conditioned response to any adverse stimulus associated with intercourse or vaginal entry. This "conditioned response is generally associated with a phobic response to coitus and vaginal penetration" (Leiblum et al., 1980, p. 170). From a behaviourist perspective, any gynaecological condition that results in painful sex can evoke a guarded response such as the vaginal spasm (Kaplan, 1983). "Over time stimuli associated with vaginal penetration (e.g., the presence of one's partner without clothes) or even the thought of intercourse can become conditioned stimuli and leads to reflexive muscle spasms. This classical conditioning is strengthened by basic operant conditioning. Thus in order to prevent these painful spasms, a woman tries to avoid coitus; this avoidance behaviour relieves her anticipatory anxiety and serves to reinforce her avoidance behaviour" (Wince & Carey, 1991, p. 60). This approach, however, does not address the underlying emotional difficulties that the partners bring to treatment which influences their view of sex and the meaning they ascribe to vaginismus.

A feminist perspective advanced by Drenth (1988, cited in Kennedy et al., 1995) acknowledges that men have defined penetrative and ejaculatory intercourse as the norm. More recently, women have offered alternative conceptualizations of intimate response in the sexual context which differs from stereotyped roles. Kennedy et al. (1995) suggests that "some women respond to intercourse defined by the male with orgasmic dysfunction, but for a few women the strongest signal of non-acceptance of the male agenda that can be sent is primary vaginismus" (p. 10). According to Reissing et al. (1999), this approach locates the experience of vaginismus within a particular socio-cultural context, as part of the discourse on theories of and perceptions of masculinity and femininity. Here, the focus shifts to emotional hindrances to intercourse underlying vaginismus which enables the condition to be reconceptualized as a response to emotional rather than physical pain.

A critical approach to these discourses uncovers criticism of each one, no school of thought has adequately explained the condition, and no terminology sufficiently describes the experience of sufferers of vaginismus and their partners. The contrasting and conflicting views in the different approaches of psychoanalytic theory, behaviourism, and postmodernism articulated in the literature create a form of tension that makes it difficulty to form a coherent understanding of the experiences of the male partners.

A third source of tension arises from the interview data. An implicit contradiction is evident in some of the interview material. Specifically, the participants voice much anger and frustration at their situation, yet describe their relationship in very positive terms. The tension evident in their responses is perhaps some acknowledgement that they have not been able to adapt adequately to the effects of the condition. It is likely that they are defending themselves against anxiety-provoking negative feelings that threaten their self-image and relationships.

I. SELF-DESCRIPTION OF THE MALE PARTNERS

The question to elicit a self-description from the participants had three parts to it: how they would describe themselves, how their partners would describe them, and how friends or colleagues would describe them. A description of the male partners' personality is important because the literature suggests that not only are the male partners affected by the condition, but that they may affect its continuation. A great deal of what has been written about them uses Malleson's (1942) view as a point of departure which states, "although one partner may be initially responsible for the difficulty, more often than not this trouble is, so to speak, 'infectious' or at any rate, accentuated by the other partner" (p. 26).

'GOOD GUYS'

The men all described themselves as 'good guys', who were composed and even-tempered. They believed that others perceived them as approachable, likable, and non-threatening. They felt that they were understanding and considerate of their partner's difficulties. All of the participants believed that their partner thought positively of them and found them to be loving and affectionate in the context of the current relationship. The overall picture is that of a calm, patient, kind, worthy person with good values, who is caring, friendly, loyal, and easy going. Participants One and Three gave very positive impressions of themselves, while the impressions of Participants Four, Five and Six were just slightly more balanced as can be seen in the following data extracts.

Participants One and Two described themselves as calm and patient. Participant Three viewed himself as a "good person" with "decent values" and felt that his partner would describe him "as the best man that's… a decent person, a loving person."

Participant Four described himself as "laid-back," "modest," someone who friends would describe as trustworthy and reliable and who his partner would say was a "cool and wonderful husband." He did admit to some behaviour that his partner might have viewed negatively: that he was always late, failed to plan ahead and tended to procrastinate.

Participant Five continued the ‘good guy’ theme. He described himself as understanding, friendly and hardworking. He thought others would say he was as a good listener, helpful and caring, while his partner though he was also a loving person. However, the condition had led him to question this perception of himself and his ability to understand others.

Participant Six described himself as someone who was a loyal, logical, “easy-going perfectionist” who friends may describe as tough, moody but fair, and who his partner would say was loving, sweet and kind.

Participant Two gave a more realistic self-description but still presented it in a very similar way to the other five participants. He described himself as unassertive, indirect, cautious, soft-spoken, kind and patient, a “team player” who showed concern for everybody and liked to keep everyone happy. However, he confessed to disliking arguments and was therefore more easily prepared to accept blame to avoid further conflict. He thought that friends and colleagues would say he had concern for others, but that his partner would have liked him to be more direct.

These self-descriptions are consistent with how the men are described in the literature on vaginismus, as “nice guys,” “gentlemen” who are “kind, considerate, polite, and understanding” (Friedman, 1962; Stanley, 1981). They present themselves as patient and considerate towards their partner’s condition, and often downplay their anger even though they describe moments of intense conflict with their partner. This usually manifested as exasperation with their partners for being seemingly reluctant to address the situation, or willingly creating the spasm reaction according to Participants One, Five and Six. Participants Three and Four did not verbalize such emotions.

Significantly, Participant Two, who voiced the strongest emotional reaction, attributed the emotional difficulties to factors related to the condition of vaginismus and not to any inaction by his partner to address the situation. He does state that one point, he became resigned to a belief that the condition could not be overcome because of both the failed treatments they had had, and the number of years in which the condition had continued,

unalleviated. Thus it is possible that he believed that it was futile to attribute the difficulty to his partner and instead, focused on difficulties associated with vaginismus in their relationship. His behaviour is also congruent with maintaining a 'good guy' image by not being perceived to direct his negative emotions towards his partner.

One possible explanation for the participants' response to vaginismus and their overly positive self-representations may be related to a need to be liked by others, based on their experience of previous relationships. Being seen as 'good guys' could be a way of interacting with others which allows them to meet their own need to be valued and positively regarded. This gives some indication of the type of relationship in which they found themselves. The limited data does not allow for a more in-depth discussion of this.

SELF-DESCRIPTIONS IN RELATIONSHIP WITH PARTNERS

The condition of vaginismus played a big part in how the participants defined their interpersonal relations with their partners. They portrayed their partners as 'handicapped' individuals, and perpetuated that idea in formulating the problem. There appeared to be a strong emphasis that the main problem resided with the other party, even in the couples where the male partner had some anxiety over his own sexual performance. The framing of this situation was consistent with what appeared to be a need to have the 'good guy' identity validated. They did this by being protective of their partners, and went to great lengths to ensure that she received adequate treatment for her condition, while at the same time trying to lessen the distress of the condition for her.

Three of the participants also appeared willing to further accommodate their partner by changing behaviour that might have added to her distress. Participant one avoided social interaction with his single friends as their sexually charged discussions held potentially negative consequences for his partner. Participant Two engaged less with his hobby of photography. There were difficulties around the use of pornography in their relationship and his partner had objected to nude photographic material. Participant Six described consciously suppressing his libido to avoid adding to his partner's distress over sexual interaction.

However, two of the participants did state that they had threatened to leave their partners while two other participants had separated from their partners for a few months. This does perhaps indicate in support of the literature, that the difficulties in the relationship which stemmed from vaginismus were severe enough to hamper its continuation, regardless of the men's 'good guy' images.

DEFENSIVENESS

There were some discrepancies between how the participants were experienced during the interviews and their self-descriptions. Differences also existed between how they would describe themselves and how they believed others would describe them. They appeared more guarded and anxious during the interview and in their descriptions of social interaction outside the relationship than in other contexts described. One reason for why they may have given overly positive descriptions was perhaps to avoid implicating themselves in the cause of the condition. They did not want to be seen as responsible for the condition or having added to it in any way, as that would have been inconsistent with the self-images of 'good guys' who rescued and protected their partners in distress.

Participant Two voiced a great deal of hostility and anger when discussing vaginismus and its effect on the relationship. His heightened emotions may indicate frustration at his inability to deal with the effect of vaginismus on their relationship and sexual interaction. This was very evident in his anxiety at the reality of being married and not being able to consummate his marriage. It is possible that his emotionality indicated that his ability to adapt to the situation was inadequate.

From a psychoanalytic perspective, defence mechanisms are part of one's personality. The urge to be seen as 'good guys', great efforts to seek treatment and their tolerance of the situation could be seen as defence against intrapsychic conflict, expressed as reaction formation. This is most likely in Participants Three and Four who were indifferent to the lack of penetrative sex in their relationships. It implies the symptoms enabled them to avoid anxiety over their own behaviour and negative affect directed towards their partner by displaying opposite behaviour in excess (Larsen and Buss, 2002).

SELF-DESCRIPTION AND IDENTITY

The term personality as used here refers to "the set of psychological traits and mechanisms within the individual that are organized and relatively enduring and that influence his or her interactions with and adaptations to the environment" (Larsen and Buss, 2002, p. 4). Identity refers to social identity, the participant's strive to create a self-image with a sense of continuity that is congruent with how others perceive them as outlined by Meyer and Viljoen (2003) based on the work of Erikson (1963) and Roazen (1976). The experience of the participants was mediated by contextual factors and their social identities were all strongly linked to social and cultural understandings. These understandings included variations on the reality of what it means to be male, married, or in a relationship, together with perceived cultural expectations of such an identity role. Examples of this include the belief that marriage is the 'proper place' for sexual intercourse, that sexual intercourse is unfailingly anticipated within a relationship, and that men generally do not discuss sexual difficulties with friends.

The participants also showed a strong tendency to define themselves according to what is perceived as missing based on their socially derived normative understanding. All the participants voiced a feeling of being different from others. In some cases, this was extreme, as in Participant Two, who said he felt "abnormal". A less extreme view is that of Participant Four, who said of penetrative intercourse, "everybody else does and we don't." Thus to an extent vaginismus affected aspects of their identity, particularly the ways in which they viewed themselves as similar or different to other men.

SUMMARY

This study provides general support for the literature findings on the characteristics of the male partners. The participants appear to have particular personality characteristics, which are sustained in the context created by the sexual difficulties associated with vaginismus. It is the participants' personalities and particular aspects of their identity, which mediate their experience in the context of the relationship. It also provides some evidence that their self-image was co-constructed in interaction with others in interpersonal relationships.

The participants present themselves as ‘good guys’ and describe themselves as being kind and considerate towards the partner and her condition. Generally their self-descriptions are positive, some more so than others. There is some incongruence between their description of being understanding towards the condition and the moments of intense conflict described. It is hypothesized that the overly positive self-descriptions are indicative of their relational style in which they strive to get their needs met in relationships.

In discussing their partner’s description of them, the men create a scenario in which their partner is the ‘identified patient’ and they are seen to be doing their best to help her. Four of the participants had, however, threatened to leave or were separated from their partner for a few months. The contradiction in their content is thought to be a defence against the notion that they could in any way be responsible for the condition or an indication that they were not able to adequately adapt to the difficulties caused by the condition. Therefore they presented behaviour that was exactly the opposite to avoid being seen as different from their projected personal and social identity.

II. MALE PARTNERS' UNDERSTANDING OF VAGINISMUS

The common element in the participants understanding of the condition was a fear of pain from penetration, which they believed led to the involuntary contraction of the vaginal muscles that made penetration impossible. Most of them believed that the condition was temporary and could be resolved, although some of the participants did voice anxiety over the possibility that the condition may be a permanent fixture in their lives.

Unlike previous studies, the results show that the participants had a good understanding of vaginismus. This had either been gained from their own research, or from information given to them by the professionals from whom they sought treatment. Part of this treatment included general educational material about vaginismus. Some of the individuals had taken a more proactive role in researching the condition on medically related internet websites, and articulated a more detailed understanding.

Similarities to the negative, emotionally charged understandings reported in the literature were found, but only when the participants described the early phase of discovering the condition. In this initial phase, some of the male partners identified themselves as the cause of the vaginismus, believing that their intimate behaviour towards their partner might have somehow caused the reaction. This appeared to increase or amplify any existing sexual anxiety in those participants, who reported being anxious about some aspect of their sexual behaviour. Participant Five provided the clearest evidence for this by saying, "At first it was like I said difficult. Thinking it was me, that I did something wrong or whatever." This view conceptualised vaginismus as a negative self-evaluation of themselves and as illustrated by this extract from an interview with Participant Two:

> "So you evaluate everything you think about is… am I just thinking out of my abnormal circumstances or are other people feeling the same thing. You… you… you compare yourself all time. You would evaluate every single thing is just... is just… is this just now me or is this normal? Is this… uh would I have felt the same way if I have been a traitor? I mean at the end of the day we've got

> everything else. Why do we need this? Why do we think this is gonna solve problems if we've got… maybe we've got personality problems. Maybe we've got… maybe we've got something else."

Later, the participants tended to rationalize the condition and its causes by believing that fear of pain based on flawed information around sex was responsible for their partner's physical reaction. This reason for vaginismus was more emotionally acceptable and ego-syntonic than one which implicated them in the cause and might have provoked anxiety. There was some variation in how they conceptualised the fear around the condition and what they believed happened during failed attempts at penetration. Participant One thought the fear was of an "abnormal" nature, which related to what he termed his partner's undeveloped sexuality. Participant Two believed that the muscles went into spasm and "locked up," preventing penetration. Similarly, Participant Three felt that the vaginal muscles did not "open up fully". Participant Four believed that it was largely a psychological condition in which there was a "tightening or narrowing of the vaginal tube." In contrast, Participant Five believed that the muscle spasm was more of a physical problem than an emotional one. Participant Six emphasized the involuntary nature of the reaction to penetration by stating that he thought it was very difficult to control.

The participants suggested that some of the predisposing factors cited by Renshaw (1994) were involved in the development of vaginismus. These include sexual inhibition, severe interpersonal conflict, sexual ignorance, fear of personal pain, fear of pain to partner, as well as religion, previous sexual experiences and personality characteristics of stress and aggression. It is probably certain that the literature provided to them in the treatment programme influenced the men's opinions on the causes of vaginismus as the treatment programme followed by the DISA clinic was based on the work of Domeena Renshaw at the Loyola Clinic. The participants enriched their own understanding by discussing possible causes with their partners and doing their own research. This offers another possible explanation to account for the differences in their level of understanding compared to that described in the literature.

FIRST AWARENESS OF VAGINISMUS

All of the participants appear to have had some awareness early on in their relationship that their partners had a difficulty around sexual interaction. Four out of the six men were in relationships with women who were virgins and believed that their partners lacked sexual information, which may have contributed to her fears around penetration. Two of the participants were specifically aware that their partners had a fear or difficulty around vaginal penetration before the relationship was formalized. The current relationships were also the first sexual relationships for the partners of 5 of the 6 men.

Participant One reported that his partner had said she had a fear around sex, which he believed was natural for someone who had not yet been sexually active. Participant Two had some idea of the condition from pre-marital petting when he was unable to achieve digital penetration:

> "Well uhm basically, when you start petting around or becoming sexually active which is was close to the marriage, we didn't really have sex before or tried to have and there's just absolutely no penetration, absolutely no nothing. Not a finger, nothing, there's nothing. There's just… it's painful and it's uncomfortable and she chooses not to… not to allow it."

Participant Three and his partner had not had intercourse throughout their marriage. He reported that they only became aware of a problem 11 years into the relationship. Due to his partner having negatively experienced a sexual relationship and recollecting that she had abused as a child during their marriage, he looked to her for cues on how to proceed. Participant Four said that he was unaware of vaginismus before their marriage. He and his partner first discovered a sexual difficulty on their honeymoon and it was a further eight months before they sought treatment. Participant Five and his partner first attempted penetrative intercourse one year into their relationship. He had been aware that his partner was unable to use tampons before they became sexually active. Participant Six reported that he had become aware of a difficulty six months into the relationship with

his partner. It appears to have been a gradual awareness from “signs of lack of intimacy, sexual sort of problems, lack of sex and stuff like that.”

The lack of sexual activity on the part of five of the female partners suggests support for the literature findings that ignorance and misinformation based on lack of information around sex can lead to fear of pain and withdrawal from intercourse (Blazer, 1964; Reissing et al., 1999). It also illustrates that the participants entered the relationships with an awareness that their partner had some difficulty around sexual interaction.

HOW DOES VAGINISMUS ARISE?

Four themes emerged from the interview data on the men’s beliefs of what could lead to vaginismus. Firstly, there was the belief it was due to multiple factors and there was some psychological component to the fear of penetration. Secondly, all the participants reported that their partners held negative beliefs and expectations about sexual intercourse. Thirdly those women who had not experienced sexual intercourse before marriage or had a religious or conservative upbringing, were described as having a general lack of information about sexuality. The participants thought this gave rise to unrealistic beliefs about sexual activity, an inhibited attitude to sexuality, and/or guilt from sexual activity. Finally, all of the participants believed past experiences had played some role in their partners developing vaginismus and that these experiences impacted part of her personality structure and how she viewed the world. This was congruent with their view that vaginismus was due to a fear of pain borne from negative beliefs and expectations about sexual intercourse resulting from previous sexual experiences or beliefs acquired at a time before the relationship. This conceptualization probably served to reinforce the perception that the cause of the difficulty lay outside of the relationship.

ORGANIC CAUSES

Participant Six’s partner experienced increasing levels of pain during sex, partly as a result of Candida infections. As stated in the literature, any gynaecological condition that results in painful sex can evoke a guarded response such as the vaginal spasm (Kaplan, 1983). Pain that is experienced upon intercourse can “lead to a self-protective tightening

of the vaginal muscles" which may develop into a learned pattern of behaviour in which there is a conditioned avoidant response to any form of vaginal penetration (LoPiccolo & van Male, p. 244).

RELIGION

Four of the participants identified a conservative or religious upbringing which may have induced guilt around sexuality in their partners. They believed that religion had influenced the manner in which their partners viewed sex and that this inhibited their sexual expression. Participant Two felt that his partner might have had guilt about their pre-marital sexual contact due to a religious belief that sexual experimentation outside of marriage was wrong and they had "fooled around" before they were married. At the same time, two of these participants described themselves as devoutly Christian. Thus, it is unclear how the participants were able to reconcile their beliefs on sex and religion with those of their partners or whether the intensity of those beliefs distinguished them.

PHYSICAL RESPONSE TO EMOTIONAL PAIN

Participant Three believed that his partner had negatively experienced a previous sexual relationship because it was based primarily on sex, without any accompanying emotion. He said, "Well at the time she said the sex was nice. It was enjoyable, but it was more… it wasn't coming from her heart. You know she wasn't totally there with it." It is possible that this interpersonal relationship may have contributed to the development of vaginismus as a response to unwanted emotional pain to protect the self (Ward &Ogden, 1994). Participant Two also believed vaginismus was a reaction, not just to physical injury, but also to psychological trauma.

NEGATIVE ATTITUDE TOWARDS SEX AND SEXUALITY

Participant One felt that his partner had a general unwillingness to explore her sexuality. He believed that guilt, the idea that sex is sinful, a fear of giving birth, a fear of sex, sexual inexperience and ignorance, negative experiences with sexuality and their unfamiliarity with each other were also partly responsible for her developing vaginismus. He thought that his wife was receptive to certain types of information and had developed

a fear of pregnancy from reading material that said that childbirth was painful for women, but he also described her as inherently fearful and as having other "phobias." Another factor cited by him was his wife's strict upbringing, in which the topic of sex was not discussed, except to indicate that is was wrong and sinful.

Participant Four identified a combination of psychological and physical reasons for the development of vaginismus. He felt that his partner might have had some psychological barriers to sex because of a conservative upbringing. However, he admitted that he did not know why she had developed vaginismus.

SEXUAL ABUSE

Participant Three was the only one whose partner had allegedly been sexually abused as a child, although he believed that there were other factors involved. This provides support for the literature which indicates that many factors may be involved in the cause of vaginismus.

PERSONALITY CHARACTERISTICS

Participants Five and Six both implicated their partner's personality characteristics as possible causes of vaginismus. Participant Five was the only one to name stress as a possible factor in the development of vaginismus. He believed that stress affected his partner's relational interaction with others. He identified conflict between his partner and her mother due to his partner's poor relationship with a sister as the source of the stress.

Participant Six also thought that elements in his partner's character were partly responsible for her developing vaginismus, along with negative sexual experiences and a conservative "moral code" taken from her religion. In addition he stated that, "she has eh… feminist tendencies. She's… she's a self-proclaimed feminist but not an extreme feminist, not a practicing feminist. I'd say a passive feminist." He felt that she was "very pro-women, and holds strong opinions on women's right in the workplace and is against any form of abuse to women." However, he gave contradictory descriptions of how he experienced his partner's personality. He described her as very strong, independent and

self-contained. In his words, “not very open like you know, like walking around with a brick wall around yourself, very sort of personal.” But, he also described her personality as “warm, kind, very free and very giving”. It is possible that he at times perceived her feminist beliefs as a challenge to his views and he may have experienced this negatively. “Not very open” could easily refer to a belief that she was willing to engage other views or alternatively, “very, sort of personal” could be withdrawal by her when challenged.

SUMMARY

Most of the participants understood vaginismus as an involuntary response to a fear of pain from penetration that could be overcome. Initially, they sought a rational explanation, which is reflected in their immediate conceptualisation of the symptoms. Later, they developed a more in-depth understanding based on what they had learned from the educational aspects of the treatment program. Some of the participants who did further research on their own showed a more informed understanding of the condition.

There is some indication that the participants were aware that their partners had a difficulty around sexual interaction before they became sexually involved, from their partner telling them, a particular attitude to sexual interaction, or because they were sexually inexperienced due to an inhibitive attitude to sex.

The participants believed that multiple factors led to their partners developing vaginismus. These include organic causes in one case, negative beliefs and expectations about sexual intercourse, past experiences, religion and guilt around sexuality, physical responses to emotional pain, a negative attitude towards sex and sexuality, sexual abuse and particular personality characteristics associated with a conflictual relational style.

III. IMPACT ON THE MEN AND THE RELATIONSHIP WITH THEIR PARTNERS

IMPACT ON THE MALE PARTNERS

All the male partners admit to some negative reaction to the condition. Five out of the six men reported conflict with their partners over the difficulties brought on by the condition. The least affected appeared to be Participants Three and Four, both of whom stated that sex was not that important to them. Participant Three found it difficult to verbalize his feelings and was unable to think of how the condition had impacted on him, saying he believed it had not. Participant Four initially said it did not have an impact on him, but when pressed further, said the impact was only slight.

The other four participants either had all threatened to leave the relationships or had separated from their partners for a short time. Three out of these four said they felt frustrated with their partners or with the process of seeking treatment. Three out of the entire sample said they were disappointed or blamed themselves. Two of the men felt either that something was wrong with them, helpless, or experienced a sense of despair. The sexual performance of Participants Two and Six were adversely affected, Participant Two experienced loss of erection and sexual interest in his partner, while Participant Six said his libido had decreased.

Participant One reported that the condition had amplified the importance of the relationship for him. As a result, he felt supportive of his partner and an increased sense of responsibility for helping her overcome the condition, which translated into a greater amount of time spent in each other's company. He felt that he could play a bigger role in the relationship as well. He became increasingly committed to his partner and the relationship and said the condition changed the way in which he viewed his partner. However, in addition to conflict, issues around vaginismus also gave rise to a reactive environment in which there was the tendency to blame each other. He did admit to losing his temper on some occasions as demonstrated in the following extract:

> "But I think 3 or 4 times I just… I just have gone bizarre. When we were trying to make love then I know I… so I told her like you know don't… just do the baby steps. Like you know just let's get some progress and she just sometimes kicked me away like as if I'm gonna hurt her. And a lot… there's about three or four occasions where I got really angry. I got really angry since like… I was angry at times she was not progressing."

Participant Two described the impact as different at various stages of the relationship. He reported feeling sexually unfulfilled, angry, and cheated. He had lost interest in their sexual relationship and started to believe that the view of sex portrayed in the media did not apply to him. This led him to question his own expectations and, due to constant exposure to sex in the media, he stopped watching television completely: "I mean the whole world runs on this sex crazed advertisements, I mean everything is just based on how wonderful and how great and how fabulous this is gonna be and it's absolutely none of it. It's non-existent." At one point he saw himself as "abnormal". Eventually he came to accept the situation, although it still made him feel vulnerable to exploring other routes of sexual satisfaction outside of the marriage. He also questioned whether the condition was due to aspects of his wife's personality, questioned his assumptions of normality and become increasingly sensitive to how his behaviour might affect her.

Participant Three stated that the condition had not had an impact, but thought his wife might disagree with this assessment. He cited not having children as the biggest impact for him. Participant Four said that vaginismus gave rise to conflict around their personality styles and behaviour. While he took a more relaxed approach to addressing the condition, his partner appeared to be the main driving force behind seeking treatment.

Participant Five reported feeling rejected by his partner and questioned her fidelity: "I thought she doesn't wanna be with me. Obviously something's wrong with me. There's still some days I feel shit. Like what have I done to deserve this?" He also reported that there was a sense of unequal gratification in the relationship, believed that he may have

been responsible for the condition, felt unable to interpret his partner's behaviour and became sexually insecure as a result of his partner withdrawing from his sexual advances.

Participant Six reported feeling frustrated, helpless and despairing, which led to increased frustration. He had to adapt to the impact on their sex life: "I guess I bottle it up which is not the right thing to do. I… sort of… phase it out of my mind. I… I… my libido has dropped quite a bit since we started having sexual problems. So I guess that kinda forced my libido into a state where it's not there so much."

The results support the view of Kaplan (1974) that there is a variation in the experience and reaction of male partners. For some of the participants, it led them to question their own assumptions about sexual interaction. In other instances it allowed the men to consciously acknowledge their own beliefs around sexuality, and they used this to justify the sexual interaction in the relationship. An example from the interview with Participant Four serves to demonstrate this. He was allegedly told by a sex therapist that he was asexual. This corresponded to his own view of sex, which was, "I don't put that much importance on sex and we just work ways around it."

The participants' reaction to the condition appears to be linked to their perceived sexual identity and they had different ideas of what constituted their sexual identity within the relationships. Popovic (2006) highlighted the connection between context and identity by stating that, "sexuality is a resource that has various contextual meanings, including how one experiences one's own (sexual) identity (Levine, 1995)" (p. 2). On one level, the impact on the male partner appeared to be associated with their understanding of the role of sex in the relationship. The participants who expressed the most dissatisfaction believed that sex was an integral part of their identity in that relationship. Participant One believed that the failure to consummate his marriage meant that he was not technically married. The idea that sex was related to the identity of being male and the concept of masculinity was most clearly seen in the interviews with Participants Five and Six. They voiced dissatisfaction with the inability to engage in sexual intercourse, which they believed was one of the behaviours associated with being in a relationship.

IMPACT ON THE RELATIONSHIP WITH THEIR PARTNER

NON-CONSUMMATION

Five out of six participants listed the most severe impact as the inability to have penetrative intercourse. The remaining participant, Participant Six, had had intercourse with his partner, but it gradually became more painful and eventually impossible. Related to the lack of intercourse was the inability to conceive children through natural insemination, although Participant Two did father three children through intercrural ejaculation. He said, "We have three children which was basically… well just getting squirting sperm in there and she was standing really on her… on her shoulders… on her head. So and then she became pregnant. They were born by cesarean section. I mean there was there's absolutely no way that there was any intercourse."

Four participants reported that failure to consummate did not nullify their marriages or cancel out their relationships. They believed that while sex was important, there were other factors that made up a marriage. But contrary to this, two of these participants had threatened to leave their wives. Participant Two voiced the belief that he was not technically married, as his relationship was unconsummated. The final two participants had separated from their partners for a brief time

All the participants present the problem as failure to consummate. In some instances, it was framed as a problem impacting on their sexual interaction or their ability to conceive children. However, although one cannot generalise from the events of one relationship to the others in this study, even when children had been conceived, as in the case of Participant Two, other areas of conflict became apparent. Those linked to sexuality included concerns around the use of pornography, insecurity around the boundaries of what constituted infidelity, and differences in views on sexuality.

CONFLICT

Conflict appears to have arisen in each relationship from sources linked to sexual and emotional difficulties around vaginismus. The participants state that the arena of conflict

was centered on the lack of sex and failure to have children. The theme of infidelity, separation and/or divorce appears in all of the relationships, except for that of Participant Three, who was unable to verbalize the impact of the condition.

Dissatisfaction with sexual interaction is reported as the source for much of the conflict. Apart from Participant Three, all the other participants report feeling angry and/or disappointed that they were unable to have penetrative intercourse, which they had anticipated in the context of the relationship. Yet this appears contrary to the evidence which shows that they had entered the relationships knowing that their partner had a difficulty around sexual intercourse. It is not clear therefore, what they expected their sexual interaction to be. Related to this, many of the men report being unsatisfied with their partner's lack of interest in sex and failure to initiate episodes of sexual behaviour more often. Participants Three and Four differed in this respect from the other participants. Participant Three reported little or no conflict around the issue, but he believed his wife may have felt differently. Further enquiry may have elicited more information on this. Participant Four, contrary to the other four men, admitted that his partner complained of his failure to initiate sexual interaction.

All of the men, except Participants Three and Four, felt that vaginismus had led to other problems in the relationship. Ghering and Chan (2001) did find that tension in these relationships may arise due to infidelity, conflict and anxieties, especially around sexuality. Conflict in some of the participants' relationships changed the way the men reacted to their partners, and changed their behaviour within the relationship as well as their social interaction outside of the relationship. Some of the men altered those aspects of their behaviour which had the potential to increase anxiety and exacerbate the situation. Participant Two reported that he and his partner blamed each other and attributed their marital and sexual dissatisfaction to the problem of vaginismus. Participant Four said the difficulties had led his partner to criticize his behavioural style, while Participant Five and his partner fought about "petty, petty rubbish". Participant Six said it put a strain on their relationship, as did Participant One, who also felt that the

difficulties encroached on their social interaction with others. Participant Three was reticent about the impact on their relationship.

The theme of separation and divorce is prominent in four of the interviews, while varying degrees of dissatisfaction emerged in the others. The participants, with the exception of Participant Three, felt that their partners had been insecure about the long term status of the relationship. Four out of six men had either threatened to leave their partners or separated from them for some time. Participant One had threatened to end the marriage unless his partner completed the treatment program. Participant Two and his partner had stood on the brink of "separation or divorce" two or three times. Both Participants Five and Six separated from their partners for a number of months. The men may have contributed to these potential outcomes, or at least to their development, by either threatening to terminate the relationship, initiating periods of separation, seeking sexual gratification elsewhere or pressuring their partners to seek treatment.

Differences in their personality styles, everyday sources of stress, interpersonal relationships and outside social interaction were among the other sources which some of the men cited as having the potential to create conflict. Generally, there was a tendency to downplay the conflict and refer to how the relationship had improved since they started receiving treatment. This behaviour was experienced as congruent with the 'good guy' image and helps to strengthen that narrative.

At the time of the interview, all the participants rated their relationships positively, perhaps because they were in the treatment program for vaginismus, which included the aim of fostering communication and intimacy in the couple's relationship. This is one possible reason for the results being consistent with the findings of Catalan (1990, cited in Reissing et al., 1999), who found that vaginismic couples demonstrated significantly better communication and better over-all relationship ratings than a comparison group; and those of van Lankveld et al. (1995) in which the self reports of couples' stated that the presence of marital problems and other stressful events was low.

Aspects of the treatment programme the couples were in focused specifically on improving communication around sex, and this increased communication relieved some of the anxiety brought on by the condition. Two of the men described how the condition had brought them and their partners closer together, while two others felt more positive about their relationship having survived the adverse effects of vaginismus. Participant One said he tried to be closer to his partner and spent more time with her. He also reported playing different roles, that of a "friend, a partner, husband and lover as well and sort of a confidant as well."

ATTRIBUTION OF NEGATIVE EVENTS

There was a tendency with all the couples to attribute the negative interpersonal incidents in their relationship to vaginismus, or to a lack of sex, and a loss of interest in sexual behaviour. Participant Two was experienced as the most negative in his assessment of the impact of the condition. He stated that they had had intense arguments about the use of pornography, which his wife viewed as a betrayal. Conflict in other areas of their relationship was attributed to difficulties in their sex life. He said:

> "So if it's not going well financially it should of… you know… I would say she goes into like a spending spree or something. Now I would say you know because things are not going well between us she finds other routes of fulfillment by spending or something, and I would go off into this pornography thing or this or that and sort of use this as a scapegoat."

Participant Six became aware of the condition before his partner. In the first six months of their relationship, he became aware that there was a problem in their sexual interaction, which they first attributed to emotional difficulties. He recalled a "lack of intimacy, sexual sort of problems, lack of sex and stuff like that." Later on, he assumed that it was physical from his side and emotional from hers, and the two played off each other and caused a reinforcing cycle of beliefs and behaviour.

Although vaginismus is a source of anxiety, other areas of concern in the relationship may have provoked greater anxiety, but the focus stayed on the condition of vaginismus as it was possibly easier to talk about than underlying issues. The participants may not have raised these issues as they would have required them to expose and confront the source of their anxiety. It is possible to speculate that greater rapport and the therapeutic alliance in longer-term therapy may have provided a contained space for these issues to surface. The following may serve as examples of these deeper underlying difficulties: The partner of Participant One's reluctance to address her inherently fearful beliefs related to sex and "other phobias"; the partner of Participant Two's fear of infidelity or the sceptical reaction of the family of the partner of Participant Three to her allegation of sexual abuse.

Another possible interpretation arose from the relationship of Participant Four and his partner. He viewed sex as something ancillary to their marriage and, perhaps because of this belief, he did not encourage his partner to follow their first treatment plan. Secondly, he twice emphasized that his partner wanted to consummate their marriage in order to conceive, while he did not want children in the immediate future. This suggests significant differences in what each individual required from the relationship during the current period.

Participant Three reported no adverse impact, but claimed to be satisfied with the level of intimacy shared with his partner. This supported the work of Basson (2005) who indicated that the level of emotional intimacy influences the amount of distress experienced by the couple.

SUMMARY

The literature suggests that if the condition of vaginismus is not addressed the difficulties that follow from it may have adverse effects on the couple's relationship. In this study, reports of difficulties experienced before treatment is congruent with the view that poor communication without appropriate treatment may have severe consequences for the couple's relationship.

Vaginismus generally had a negative impact on the male partners' view of themselves and the relationship. This may have added to the conflict with their partners and either threatened the status of the relationships, affected their sexual performance or changed the nature of relationships within a reactive environment, leaving some of the men feeling rejected, sexually unfulfilled, angry, or cheated. The least affected appeared to be Participants Three and Four.

It had also affected the couples' ability to have intercourse and children, except for Participant Two. Some ambivalence is evident in that most of the participants believed that the sexual difficulties did not threaten their relationship, yet the theme of divorce and/or separation is a prominent one in four of the interviews. All of the participants rated the current status of their relationships positively, possibly due to benefits arising from the treatment program they were in, which aimed to foster improved communication and sexual intimacy.

The couples tended to attribute the negative interpersonal incidents in their relationship to vaginismus. This finding suggests that, although the problem may be conceptualised as a sexual difficulty, it had become pervasive and affected other aspects of the relationship. Alternatively, this suggests that the sexual difficulty may be the representation of conflict in other areas of the relationship and its existence serves to focus attention on these problem areas, which in this study exposed some weaknesses in communication, differences in sexual and other expectations from the relationship, and conflicting differences in some of the couple's personality styles.

IV. SEXUAL INTERACTION

The theme of sexual interaction incorporates several features that help to define it. All of the participants expressed dissatisfaction with the lack of sexual contact, except Participants Three and Four. Secondly, the meaning of sex for the participants was located in their current contexts and was strongly influenced by social and cultural institutions like religion, marriage and family. A third issue focused on male identity and what it means to be male in the present cultural context, and highlights the role that sex and sexual interaction played in the co-construction of that identity. Participant Three was the only one to provide a view that differed from normative religious or culturally influenced notions of sexuality. An important point to note is that all the participants' answers to questions around their own sexuality were short at best, and they were sometimes experienced as evasive.

THE MEANING OF SEX

The social context played an important role in how the men perceived sex in the relationships and it appears that their view of sex was also a central concept in their identity as men. Participants Two and Four both raised the theme of sex and sexual difficulties within a relationship as a private activity. The men explicitly state that, "obviously as a male you don't speak to your friends about it. You just uh… try and hope that it'll go away or something." Participants Five and Six both felt that as men sex was 'instinctual' for them, and therefore had anticipated sexual interaction within their relationships. Participant Five said that sex meant "everything" to him and was a way to communicate his affection for his partner. Participant Six also felt that sex was very important, and "as a guy you know, you just like kind of crave it."

In contrast, Participants Three and Four gave very different views of sex, reporting that it had limited importance in their lives. Participant Three felt that although sex was a "loving" form of interaction between couples, men should rather focus on developing respect for women. He said, "I just thought I could tell you that you know, I don't think it's embarrassing that I'm in a relationship and I haven't had intercourse or anything like

that, and you know in a sense it would be a good thing if the public were aware of things like this." Participant Four believed that because of family values, the rightful place for sex was within a marriage, but he considered "sex to be the icing on the cake of marriage or your commitment to your partner."

Participant Two raised the idea of sexual intercourse playing a role in how he derived personal meaning. He felt that he was not technically married as he had not consummated his marriage. This influenced his perception of himself as someone with a "disability." He stated that he had certain expectations, based on religious teachings and what was portrayed in the media. It appeared that he was very sensitive to representations of sex in the mass media:

> "I would think I expected more. I expected better. The way the world is basically carrying on about it or the idea, the undertone that you have would be that this is… this is the ultimate. This is what we living for. I mean if there's a TV program and these guys are gonna die, they gonna be blown out the sky then the last thing they gonna wanna do is have sex on earth. I mean if on an island you think about being there with a woman to have sex. I mean what the heck! This is what the world turns around! This is the idea that's given to you by the media. If you walk into a shop and there's a car magazine, they've got half-naked women on the front. If you uh… if they photograph a beach they've got half-naked women on it."

The prevalence of sexually tinged media in his daily life appeared to have only added to his sense of frustration and anger having built up this anticipation, which remained unfulfilled. He may also have become more sensitive to representations of sex in the mass media, which added to his sense of feeling different from others.

MALE PARTNERS' ANXIETIES AROUND SEX

The participants reported that the condition of vaginismus gave rise to concerns which allowed further anxieties to surface. Participant One reported concern about his wife's

lack of sexual interest and her failure to initiate sexual contact. This had led him to question his virility and desirability.

Participant Two feared continually failing at penetrative intercourse because of vaginismus, being disappointed and disappointing his partner in return. He appeared to be unsure of what their sexual interaction should be.

Participant Three was anxious about ejaculating prematurely as this quickly ended the sexual interaction between him and his partner. He felt that his partner may see it as an inability by him to meet her needs.

A significant issue for Participant Four was his partner's dissatisfaction with his lack of interest in sexual activity. He did not initiate sexual behaviour often and was concerned that she may perceive him as not being attracted to her.

Participant Five was unsure about how to interact sexually with his partner for fear of causing pain and being rejected.

Participant Six listed three sources of anxiety. This included his partner's lack of libido and a fear that this meant that the condition of vaginismus could not be addressed. Furthermore, he tended to amplify the anxiety by imagining the outcome of every conceivable scenario to their treatment programme for the condition.

The present findings do not support the reports in the literature that vaginismus has a strong association with primary impotence in the male partner. Although Participant Two stated that he had lost his erection after his partner had been for a hymenectomy, this appeared to have been a brief period during which there was uncertainty over when they should attempt penetration. Premature ejaculation was identified in only one instance, and the chronology of the condition was unclear as the couple had not had penetrative intercourse in their 12-year relationship. Neither of the two men suffered from male sexual dysfunction. It is important to note that two of the most common sex problems

found in men are impotence and premature ejaculation (Mackay, 2001), and thus these sexual difficulties cannot be specifically related to vaginismus.

SEXUAL AGGRESSION

A very prominent theme throughout all the interviews was the men's insistence that they wanted to avoid any sexual aggression. They did not want to be seen to force themselves onto their partners or cause them any pain during sexual intercourse.

Participant One describes his anger and having "gone bizarre" when his partner "kicked me away like as if I'm gonna hurt her." He thought that his last option was to sedate his partner in order to demonstrate to her that intercourse was possible, as "she just panics like I'm gonna kill her."

Participant Two was even more vociferous in his reaction to sexual aggression. He described his anxiety around their sexual interaction saying, "I mean it's just painful. It's just like raping somebody. So you just lose interest. You lose erection. You just stop doing it. I mean you hurting your wife so you don't do it, that's it." He repeats this later in the interview, "I don't want to hurt her physically. I don't want to physically rape her."

Participant Three refers to a recent rape allegation against a public figure and described his view of the incident as, "he saw the woman and had to have sex with her." He felt that it would be better if men were aware that a lack of sexual intercourse in marriage was not embarrassing, and paid more respect to women.

Participant Four also shows this theme by avoiding aggressive sexual behaviour. He says, "I never wanted to force myself on my wife so you know we just got to that point where we couldn't actually have sex."

Participant Five blamed himself for his partner's suffering. Initially, he felt rejected by his partner's response to his sexual overtures. After realizing that the physical response in vaginismus was involuntary, he said that he felt relieved that he was not the cause of his

partner's pain and suffering. He said "I just want to please her and make her happy. I'm not doing any of that. Just causing pain so I feel I'm still not doing anything right."

Participant Six said that his partner's reaction to the pain experienced during sex had very negative effects on him, "I thought it was because okay, the cycle of pain mmm… I guess the feeling of helplessness as well… uhm frustration…despair… and then eventually leading to more frustration." He adapted to the situation by forcing his libido "into a state where it's not there so much."

The aggressiveness and destructive potential of sexual interaction was present throughout the interviews. The reported anxieties around sexual interaction were based more on a fear of hurting their partners and, perhaps, being rejected by them. There was also a conscious desire not to be seen as sexually aggressive. The participants strongly emphasized that this did not form part of their 'good guy' image throughout the interviews, yet it continually appeared in various guises. One explanation given for this in the literature is that it protects the participants from their own fantasies about the aggressiveness of sex (Silverstein, 1989). Thus as 'good guys' they presented sex as dichotomies. This was most clearly seen in the behaviour of Participant Two, who spoke about sex either associated with exciting pornography use, or a disappointing non-coitus experience where he was unable to have intercourse with his partner.

SEXUAL INTERACTION

All of the couples engaged in some form of sexual interaction. Five of the participants stated that these forms of behaviour did not replace a desire to have penetrative intercourse. Participant Two and his partner simulated penetrative intercourse through coitus infemora, while Participant One and his partner avoided any behaviour that reminded them of penetration and confined their sexual life to mutual masturbation. Unlike previous studies, the participants spoke of their partners' lack of sexual knowledge and limited sexual repertoire. At least four of the female partners were virgins; the men however, all appeared to have had previous sexual experiences. It seems reasonable that the men describe their spouses as having limited sexual knowledge, but it

is unclear whether the participants' previous sexual experience contributed to their sexual interaction.

Generally, the couples as relationship units appeared to have a rigid view of sexual interaction, i.e. their shared image of themselves and their sexual interaction and how they wanted this presented image to be perceived. Their sexual identities appeared to have been constructed in a rigid way based on an aversion to some forms of sexual activity, fear of causing pain associated with sex and, in the case of Participant Four, low sexual desire. As a relationship unit, the participants also described a conservative and culturally defined identity. Two examples that serve to demonstrate this are those of Participant Two and his partner who linked their sexual identity to their religion, while Participant Four and his partner based their interaction upon "family values."

Participant Three gave a very different view to the others, substituting the importance of intimacy and respect for the important of sexual gratification. It is possible that the alleged sexual abuse of his wife and a negatively experienced sexual relationship may have influenced this substitution, however this cannot be confirmed. It may suggest an alternative view to normative representations of sexuality within a patriarchal society, and possibly provides some evidence that "psychosexual normality is a fluid concept open to change, and no definitive approach to human sexual behaviour exists. As meanings, values, ideologies and 'political correctness' shape interpretations, both individuals and societies may need constant adjustment to social and sexual realities" (Popovic, 2006, p. 12).

SUMMARY

The results of this study on sexual interaction in vaginismic couples are consistent with some of the previous research, but include additional findings. The most prominent complaint was a lack of sexual contact, and the only two participants who showed no negative reaction to non-penetrative sex either suffered from premature ejaculation at times or had been diagnosed as "asexual." They tended to frame the condition positively and downplay the importance of sex in their relationships.

The meaning of sex was also a central concept in their identity as men, and the difficulties they experienced appear to have an isolating effect on the participants and their partners. They did not feel free to discuss it with others, and some alluded to how this made them different from other married men or men in relationships. It also amplified their own anxieties although, in the relationships, the partner's vaginismus deflected all the attention away from their own difficulties. The participants reported some anxiety over general sexual issues or issues around sexual interaction brought on by vaginismus. They were mostly anxious not to hurt their partners, and feared being aggressive or even persistent in a sexual context. They contributed to this notion by their overly positive self-descriptions and concern for their partners. Most of the men explicitly pointed out that they avoided sexual aggression and did not want to add to their partner's distress

All of the participants engaged in some form of sexual interaction. While the men had had previous sexual relationships, four of the women were 'virgins'. Their sexual identities appeared to be of a very conservative nature and strongly associated with culturally defined norms. In most cases, there was a lack of sexual knowledge or a limited sexual repertoire brought on by their joint inhibition and the partner's avoidance of sexual situations. Participant Three stood out from the other participants by eschewing the importance of sex and instead emphasizing the important of non-sexual intimacy and respect.

V. COMMUNICATION AROUND SEX

All the participants reported that they spoke about issues around sex openly with their partners and most felt that their communication had improved in their attempts to address the difficulties caused by the condition. However, there was a general coyness when they spoke about sex in the actual interview.

Participants One, Two and Four felt that as men it was difficult for them to speak about sex. Participant Two said when he initially found out about vaginismus he just hoped the condition would go away, and did not speak to any of his friends about it. Participant Four said that "when I went to my first interview (with a sex therapist), that was quite scary you know you don't really speak about that, you know being a male."

Participant One reported a shared acknowledgement of the problem in the communication between him and his partner. They believed that vaginismus presented a problem to their sexual interaction and discussed how to seek help. However, sexual discussion between the two of them about intimate behaviour appeared to be more instructive, with him helping her to explore her (and his) sexuality. Little information was obtained in the interview about his own sexuality.

Participant Two felt that he and his partner spoke about sex freely, yet only in certain patterns of communication around the topic of vaginismus, and not about sex generally. He spoke about sex impersonally and abstractly in the interview. They avoided the issue of vaginismus because it had the potential to lead to the attribution of blame. He said:

> "I mean we… we not discussing the real issue, we always going around the issue. We discussing pornography. We discussing did you cheat on me? We discussing other things we not discussing the sexual issue. Are we gonna get penetration? That's not what we talk about. We sort of accept that we not gonna get penetration and then we start… sort of working around it. How do you feel about it and this and that?"

Participant Three also said that he and his partner spoke openly about sex, including her experience of being sexually abused and the circumstances surrounding that. However, he said, “I didn’t explore it with her or anything like that. I left it up to her.” He only tended to speak about sex in negative light. These topics around sex included sexual abuse, his partner’s negative experiences from a previous sexual relationship, and the topic of alleged rape. However, he was not forthcoming with information on sex and his own sexuality during the interview. When asked to elaborate he responded, “I don’t know… uh… issues are spoken about. Uh… I don’t know really”

Participant Four reported that their communication improved and so did their sexual knowledge as result of being treated for vaginismus. He described it as:

> “We actually I think more open about it than I would say more than other couples cause we had… my wife had vaginismus. Uhm… yeah and that’s why I said in the regard it actually brought us closer, we would never have spoken about these things. And now we actually speak about them in quite detail and how the female body works and how we, you know, so I think it brought us closer.”

Participant Five said that he had been trying to be more understanding and sensitive to his partner when he spoke about sex as it was a “bit of a sore point” for both of them: “Like I try joke about it like and she takes offense. It’s a bit of a… obviously better now that like I’m more understanding I suppose if you wanna put it that way.”

Communication between Participant Six and his partner was described as really very good. They spoke openly, trying to work out problems to “get to the heart of the problem” and identify issues that could be addressed.

NEGOTIATION AROUND SEX

Negotiation around sex varied among the participants and their partners. They were limited by their sexual knowledge and both rejected some forms of sexual behaviour outright. Subtle inequalities existed in how sex roles and activities were negotiated in

some of the relationships. Five of the participants thought that they had made their partners feel guilty by placing pressure on them to address the issue. There was an insistence by four of the participants that their ultimate aim was to engage in penetrative sex and that their current sexual interaction in which they engaged in was just temporary.

Participant One said there was nothing “like a negotiation. In the sense that she was willing to do anything other than what that her mind says is gonna be painful. So… and she was trying to do… whatever she could do to keep me satisfied.” He was not willing to settle for anything less that penile-vaginal intercourse and felt that the other forms of satisfaction did not replace penetrative intercourse.

Participant Two and his partner discussed sex, but both were limited by their sexual knowledge and experience. They would both initiate sexual interaction and they simulated penetrative intercourse by engaging in intercrural sex. They engaged in oral sex as a method of foreplay “about 5% of the time”.

Participant Three left it up to his wife to initiate sexual behaviour or decide how often there was sexual interaction. He stated that they did have a sex life and he felt that the difficulties caused by vaginismus had not affected their sex life.

There was some negotiation around sexually related issues with Participant Four and his partner. They tried to interact naturally because the sexual exercises that they were required to do as part of the treatment had made their sex life feel “mechanical” and contrived. They did negotiate issues around the exercises and sought mutual consent to engage in treatment program exercises around sex. Their sexual knowledge was also limited. At the time of the interview they were negotiating the issue of oral sex; his partner wanted to perform it on him but he refused unless he could reciprocate, as he viewed himself as an unselfish spouse.

There was very little sexual interaction between Participant Five and his partner, and little negotiation. It was possible to have penetration, but it was very painful and

uncomfortable for his partner. She had developed an aversion to doing anything that could lead to sex. He felt that there was some inequality in their interaction: “Like I felt that when she wanted something it was fine, but when I wanted it… it was like no, no.” Occasionally they did “touch each other” and this was initiated by either partner.

The sexual interaction between Participant Six and his partner consisted of him initiating contact and “begging”. His partner’s response was that she was always tired, which he thought an excuse. His reaction to that was, “Uhm… I let it slide. I don’t pursue it. I don’t force the issue. It disappoints me… it’s disappointing.”

SUMMARY

Negotiation around sexual interaction itself appeared to have been either a limited or a loaded exercise. A number of reasons may account for the lack of negotiation: the partners wished to keep the participants satisfied; they had a limited sexual repertoire and thus they viewed their options as limited; disinterest or forbearing on the part of the male partner and avoidance of sexual contact by the female partner. It must be noted that the question of negotiation generally received a limited and vague response, and one explanation is that the participants did not perceive negotiation as a possibility due to their already limited forms of interaction.

VI. PRESENCE OF A COLLUSIVE BEHAVIOUR PATTERN

It is possible to interpret some of the experiences articulated by the participants as supporting the presence of a collusive relational pattern, which is consistent with the literature hypothesis that an unconscious collusion exists between the members of the vaginismic couple.

One aspect is perhaps the fact that all the participants were aware early on in the relationships that their partner had some difficulty around sexual intercourse. In addition, some of the men had their own anxiety about sexual interaction, especially around the aggressiveness of sex, which was felt to cause their partners some distress. Three of the six men did admit to being indirect, passive, or to not initiating sexual interaction. They also admitted to being 'good guys' who had never pressured their partners for intercourse, something which may have added to their distress. However, Participant Two had been persistent about creating the possibility of penetrative intercourse with his wife. One interpretation of this is that the women with vaginismus may unconsciously choose a partner who will collude, but who also has the potential to help overcome the condition.

The participants described the reaction of their partners to initial penetrative attempts as so severe that it is quite possible that they, the male partners, developed an aversive response to this behaviour and so avoided further attempts due to their own guilt or fear of being rejected.

The participants describe themselves as 'good guys'; however, there was some indication that they might leave the relationships. One explanation for this is that the men were insecure about their own sexuality and relationship status, but had helped to create the situation where their partner was afraid to leave them or thought that they, the men, would leave. Thus, neither encourages the other to address any of their sexual difficulties and the status quo is maintained. This illustrates a form of collusion where according to the (Masters & Johnston, 1970; Woods, 1984 cited in Popovic, 2006), the sexual needs and problems of individuals are compatible with, contributed to, or maintained by their partners.

A second piece of information offered in support of the collusion theory is that some of the couples seemingly lived with the condition, sometimes for a considerable length of time, without seeking treatment or pressuring their partners to address the situation. Indeed, the collusion is described as functioning on the basis that neither partner pushes the other so that their mutual flaws never rise to a level of awareness, and in this way their flawed conceptualization of self and other can be maintained (Reissing et al., 1999). However, some couples sought help swiftly and persistently, and this appears to detract from the evidence for an unconscious collusion. But it is plausible to suggest that the extent to which the condition was perceived as problematic and debilitating influenced how it was addressed.

A third related experience is that the participants tended to view the treatment and advice they were given as generally unhelpful. It is possible to come to an interpretation that views the treatment difficulties as a symptom of resistance to change based on how they approached the treatment interventions. Possible evidence may be found in the behaviour of Participant Four and his partner. Although they had been prescribed an exercise program, he says that, "in all fairness we didn't do the exercises that often as we should have. We did it on and off uhm and we struggled on just for about a year-and-a-half now and so yeah. We came to see E now just to get a fixed program and I think our worst problem at the moment is we don't keep to exercises and things like that, so yeah." Participant Three's partner had also been the one in the relationship to take the initiative regarding treatment for the condition. Both of these participants downplayed the importance of sex in their relationship. Based on these two cases it could be argued that the interaction of the participants and their partners around treatment was constructed to maintain the necessary conditions for the collusion.

An alternative interpretation as to why the couples remained together, even though they were unable to address the difficulties related to vaginismus, is based on the influence of various social constructs in the identities of the participants. Instead of unconsciously colluding with their partners, the men made a commitment, not just to their partner, but also to one of the following: family (his own or spouse's), culture, religion or an ideal of

love. Therefore the man's relationship and obligations were not just with and to his partner, but extended to the wider social structure on which he based his identity. This is not necessarily incompatible with the first interpretation of resistance to change because, without maintaining a collusion, the couples' inability to conform to social roles and identities may be exposed. The following data is listed in support of this:

Participant One, who had had an arranged marriage, explicitly stated that he had made a commitment not just to his wife, but also to her family, which is in keeping with their cultural tradition. Thus one can assume that the action of upholding traditional practices is also a commitment to honor his culture. He made it clear that he had accepted the arranged marriage and was happy with it.

Participant Two made a commitment to his family, which consisted of his wife and children, but he also stressed the importance of religion to how he viewed their marriage.

Participant Three appeared to have made a commitment to an ideal relationship which does not require sex, one in which men "respected a woman". The couple did still have a sexual relationship, although it excluded coitus.

Participant Four evoked the modern cliché of a happy, contented domestic scene. His commitment appeared to be to the wish of a happy marriage influenced strongly by culture, religion and "family values."

Participant Five also showed a commitment, not only to his partner, but also to an ideal of what he believed a relationship should be. He said that he and his partner wanted to "forever like be with each other, one another, sexually, physically".

Participant Six said, "I think it's… there's a strong link between us. There's a strong love and I think one of the things that actually uhm… celebrates that link, that like sort of binds that link is intimacy." Thus, similarly, he showed an equal commitment to an ideal.

SUMMARY

The data provides inconclusive evidence for the presence of a collusive pattern in these relationships. It is possible to find an alternative explanation for each of the three pieces of data suggesting a collusive relationship. The participants had an early awareness of their partners' sexual difficulties, but not of the exact nature of these. Thus, it is possible that they believed these could easily be overcome. In most cases they tended to rationalize their partners symptoms as common to most sexually inexperienced individuals.

However, the reaction of the participants' partners to the failed attempts at penetration is described as so severe that it is quite possible that the men developed an aversive response to this behaviour. Coupled with their wish to maintain their 'good guy' images, this reaction may have been sufficient to reinforce the link between aggression and sexuality for the participants, who appear to have a sustained need to avoid being seen as aggressive.

The fact that some couples lived with the condition for considerable periods may be construed as supportive of the collusive theory. However, this only applied to some of the couples, and in most cases professional help was sought immediately. Furthermore, the literature does suggest that due to difficulties in diagnosing the condition, couples with vaginismus may remain untreated whilst moving from physician to physician, absorbing vast amounts of resources and having countless futile procedures (Barnes, 1981). This may also help to explain why the couples found the treatment and advice they were given as generally unhelpful.

An alternative interpretation as to why the participants stayed committed to the relationships even though they were unable to address the difficulties related to vaginismus, takes into account their social identities and what they perceive their roles in these relationships to be. Often the commitment is not just to the partner, but to a wider institution of which she is part. This is perhaps related to their 'good guy' image and need to be perceived by others in a way that is congruent with this identity.

VII. EXPERIENCE OF SEEKING TREATMENT

The approach of some of the participants' and their partners' to managing the condition provided mixed support for the literature findings that suggest many years may go by before treatment is sought for the difficulties caused by vaginismus. The results do support the specific literature findings that the couple may experience difficulty seeking treatment for the condition, but as stated earlier, this could be due to many factors, including how the problem was conceptualized and what role the condition played in the couple's relationship. The overall approach appeared to be of a proactive nature. They sought medical help, tried to address difficulties in the relationship caused by the condition, but had to contend with effects that were adverse enough to lead to temporary separations in two of the relationships and the possibility of divorce in two others.

Each couple sought help from at least two professionals. Although at least one of these professionals was said to be a gynaecologist, it is quite possible that other factors were responsible for the alleged lack of positive diagnoses. One such explanation is that the validity of vaginismus as a diagnostic entity is said to questionable and diagnostic agreement among health professionals has been found to be poor when using the spasm based definition of vaginismus (Reissing et al., 2004). Many professionals may not be able to recognize the condition because the nosologies are widely regarded as problematic due to the lack of well-developed and clearly defined diagnostic criteria and the distinct lack of empirical data to support the criteria (Binik et al., 2002; Hiller, 2000; Ng, 1999; Reissing et al., 1999). Multiple sources of treatment may also be a reflection of the couple's own uncertainty as to whether the nature of their affliction was psychological or had some organic basis.

The experience of seeking treatment and interaction with the treating professionals was a very emotional theme for 5 out of 6 of the men. In 4 out of the 6 cases, gynaecologists allegedly told the women to try to relax and failed to give them a diagnosis. Participant One felt that "50% of gynaecologists will not give the right help". Participant Two had an

intense emotional outburst over his mistrust of the medical system, the manner in which he and his spouse were treated, and the sense of desperation he developed:

> "You understand? You not getting that handle! The people that's paid to do this, cannot help you. You cannot help yourself. You go to the church, they pray for you. That doesn't help! You go to the doctors, they send you from one doctor to the other doctor. That doesn't help! You go to a gynaecologist. You go to a sexologist. That doesn't help! There's no help! Nowhere! Nobody can help you! That's it! That's the end of the line!"

The immediate discovery of the condition was greeted with disbelief and bewilderment, similar to the description of being "puzzled" as found by Leiblum et al., (1980) and Ghering and Chan (2001). Early on in the process they tried to rationalize the condition as Participant One did by thinking, "it's probably possible if you haven't been sexually active…", or seeking reasons in the partner's past such as sexual abuse or negative experiences to account the for the fact that the "vagina is closed". It had taken weeks to years before the couples sought treatment. When the condition did not improve they approached a different professional and this pattern continued until they found someone who could help them. Participant Two followed this approach for 13 years, and said that he became disenchanted with the medical community and the expectation that sex occurs naturally within a marriage. Similarly, Participant Six felt that after they had gone for couples counseling the condition worsened.

How they managed the condition was specific to each participant. In two instances, the participants claimed just being able to enjoy intimate behaviour and companionship was enough for them, but not for their partners. The other participants engaged in other forms of temporary sexual interaction until they were able to have penetrative intercourse. Their attitude towards the condition appeared to be one indication of how well they would manage the condition. Creating an understanding and knowing that it was an involuntary reaction over which their partner had little control appeared to have allowed them to rationalize the condition and attribute it to difficulties that could be overcome.

Participant One and his partner had conceptualized the condition as a problem in progress and managed it by responding to the difficulties it caused. He had made a conscious decision to spend more time with his partner and avoided stress inducing situations by reducing social contact that had the potential to lead to his partner's discomfort:

> "she gets upset when I go see my friends. Firstly because she's not very comfortable with my friends because they always… they are not married, they single. They always talk about like you know… getting new boyfriend or new girlfriend and you know scoring and all those things. And she obviously having this problem … doesn't want to hear any of these things and she thinks sometimes that I might get influenced by them and for many reasons and she… she's just not comfortable with them."

Participant Two felt that he and his partner did not manage the condition. They had allegedly moved from doctor to doctor with little help and remained undiagnosed and unhelped, having what he believed were unnecessary treatments. They viewed vaginismus as a problem in their sexual interaction and while there was some limited negotiation around sex, the condition still gave rise to numerous related difficulties. They tended to use vaginismus as a "scapegoat" and blamed it for other difficulties in their relationship, as demonstrated in the following quote:

> "I mean it's about fights. It's about uh money matters. It's about other things. You can't say because you have vaginismus I'm gonna leave you. I'm not that direct and maybe this… I don't know this is why you don't get it fixed or… I mean you sort of maybe I'm just, my personality is just a little bit beating around the bush you can call it, it's not that direct."

Participant Three's wife had been more proactive than him in trying to find information about the condition. She was diagnosed with vaginismus a year before the interview and had approached the clinic a week before the interview. He said that she was very grateful for his involvement in the interview. He also stated that he had not done much about it

but was willing to help generally. He left it to his wife decide how to approach the condition. One thing they did was to set a deadline for consummating their marriage, which had passed.

Participant Four reports that he and his partner were not committed in their approach to managing the condition. They viewed it as a condition, and merely knowing that vaginismus was a recognized syndrome which could be treated helped ease their anxiety. They received a referral from his wife's mother to a sex therapist. Although they did not complete the exercises given to them as part of the treatment, they had experienced positive results from it. They had also heard about other people who had allegedly had positive results from the same treatment, which motivated them to try harder. He felt that they needed a more structured program and discipline in completing it. He also reported that one of the reasons for his "laid-back" attitude was to avoid putting strain on his wife in managing the condition.

Knowing that vaginismus is a recognized condition that could be diagnosed removed aspects of blame and conflict for Participant Five. Initially he had blamed himself for the condition and examined his actions to see how he had contributed to it. Further information about the condition from the clinic helped him to understand what it was, and he therefore put less pressure on his partner for penetrative sex. He explained it as follows: "It put more words to the story if that's the right way to put it. Like I know there's a problem but like blank paragraphs. And then it just filled in the gaps of why it's sore and why it's uncomfortable and why it's this."

Participant Six and his partner took active steps to address the condition and this led to a positive impact on their outlook initially. They attributed the condition to emotional difficulties between them. They attended couple counseling sessions, but their relationship deteriorated further. They then decided to seek help from a "specialist in the field of intimacy and sexuality." In describing how he had managed the physical side he said that it was very rare for his partner to get involved when he was aroused, "We would have sort of oral sex or I just masturbate. That's how I deal with it."

The results support literature findings that the reason most often given for seeking treatment is fear of losing the opportunity to procreate (Harman et al., 1988), and it is only the desire to have children that forces the couple to seek help (Reissing, et al., 1999). It is the female partner who played a more active role in seeking treatment in the relationship with those participants who displayed a reduced interest in sexual intercourse. The other participants reported having had to support their partners' search for effective treatment.

The men wanted various things from the treatment. Participants One and Two wanted to consummate their marriages. Participant Two wanted, in particularly to have a "normal sex life", which "includes becoming one" as described in the Bible. Participants Three and Four hoped to have intercourse in order to conceive a child. Participant Five would have liked the "problem" of vaginismus to be resolved so that they could move forward with their lives. Finally, Participant sought a "better" sex life and wanted his relationship to improve.

The partners of Participants Three and Five first came to the clinic alone and informed them afterwards. Participant Five said that he wanted to be physically and sexually intimate with his partner. Participant Six admitted that he had pressured his partner to seek help for the condition. He said, "For me it… just can't handle reaching a… a sort of a boiling point of… of… of celibacy and uhm just to try and fix the problem."

SUMMARY

In their attempts to manage the condition the couples sought help from various professionals. They usually first approached a gynaecologist and all ended up consulting a sex therapist. Very often, the female partner played an active role, if not the active role in seeking treatment. The period before seeking treatment varied but the participants reported finding ways in which to manage the sexual issues around it. This mostly consisted of having some other form of sexual interaction or constructing a particular view of penetrative sex. All state that their objective in seeking treatment included having penetrative intercourse and/or conceiving children.

VIII. DIFFERENCES BETWEEN THE PARTICIPANTS

Some aspects that were peculiar to individual participants are grouped here by their individual uniqueness. Participant One had had an arranged marriage and had only spoken to his partner for one month on the telephone before their wedding. He saw the treatment programme as their last resort, and had considered drugging his wife with medication or alcohol in order to have involuntary intercourse with her if the programme failed. This presented the researcher with an ethical dilemma, and the participant was asked to share his thoughts and frustration with a professional at the clinic.

Participants Two had conceived three children through intercrural ejaculation. He jovially said that a virgin birth was the norm for him. It also appeared that his partner had limited sexual knowledge, mostly as a result of a strict upbringing.

Participant Three felt that there was nothing embarrassing with him being in a relationship and not having had intercourse. Instead he believed that men should “respect a woman”. His partner was also the only one to allegedly have been sexually abused.

Participant Four was unperturbed after being diagnosed as ‘asexual’. He felt it was similar to a personality trait, such as being shy or outgoing. He wanted to delay having children, while his wife was more anxious to overcome vaginismus in order to conceive.

Participant Five believed that “sex was everything” and also that his partner was susceptible to stressful situations. He also raised the issue of conflict in interpersonal relationships, but at the same time was adamant that the condition was of a more physical nature and speaking to a psychologist would not be of benefit to them.

Participant Six raised the issue of infections which had contributed to the pain experienced by his partner during sexual intercourse. He also spoke about his partner’s view of feminism and his own tendency to overanalyze situations. He reported thinking that his partner was selfish and lazy when it came to sex.

LIMITATIONS AND RECOMMENDATIONS

The study is limited by several factors. Firstly, the nature of this volunteer sample differentiates it from the general population. As the participants were receiving treatment it means they had an informed and fuller understanding of vaginismus and its possible causes.

Secondly, it is important to note that, “observations of any kind can never be expressed without some error” (Bless & Higson-Smith, 2000, p.138). One type of bias that this research was most susceptible to was respondent bias. Due to the nature of the research, it was possible that unresponsive participants, uncooperative participants, and participants who answered cautiously due to sensitivities around sexuality may have introduced biases by withholding information, introducing inaccurate information or framing events in a manner which may have been potentially misleading.

Of particular importance was the issue of language difficulties. Three of the participants spoke a first language other than English, and it was possible for misunderstandings to occur over certain words or questions or difficulties in their ability to express themselves. Some of the participants displayed difficulty verbalizing their emotions and the content of their narratives. At times, this was due to difficulties in the use of English, and at other times because the participant was anxious or defensive.

Other limitations include the brevity of the time provided by the interview. This means that the priority was to explore questions to the items on the interview schedule, and allowed little time for follow up of important responses. One way to address this in future would be to design the research as a longer-term treatment outcome study.

The interview space may also have introduced some limitations. The interview was held in a consulting room at the treatment clinic and may have contextualised the interview for the participants in terms of the condition. This means that broader information may have

been omitted and it is possible that the participants confined their responses to information that they believed was relevant to the clinical environment.

The research itself was a learning experience but that in itself provides further limitations. It raises further potential avenues to pursue, offers new ways in which to conceptualize the condition, and suggests improved ways on how to approach the research problem.

Recommendations for further study are centred on two areas. Firstly, sexual abuse itself has received inconsistent support as a factor in the aetiology of vaginismus. However, as highlighted in the literature review it may play a more indirect role by conditioning the individual into a general negative view of sexuality. This aspect requires further research to uncover whether this may indeed be so. Secondly, the difficulty that some of the couples' experienced when seeking treatment provides another area for future research. This may include exploring why the process was at times unsuccessful and how the diagnostic criteria can be best employed.

CONCLUSION

The study has attempted to address one of the shortcomings in the literature on vaginismus by investigating male partners' experience of relationships with women suffering from vaginismus. In doing so, it sought to yield a more extensive description of the impact of vaginismus on relationship functioning and vice versa, the impact of relationship functioning on how the condition is perceived, managed and addressed. What has emerged from the research is a complex picture of relationships affected by individual experiences, beliefs about sexuality and individual differences in understanding the condition and its impact.

Some of the literature was dated and of a conservative nature, espousing views that promoted stereotyped assumptions of gender and normative sexuality. Thus, unsurprisingly, some of the conceptions of vaginismus outlined in the literature were historically and culturally specific while the reality described by the participants was more illustrative of a partial ability to adapt to restricted sexual interaction, which

differed from normative expectations. Literature that is more recent questioned the diagnosis of the condition as a sexual dysfunction and suggested that the diagnostic criteria were perhaps inadequate to explain the experience of the sufferers.

In line with the above, the research was undertaken from a stance that acknowledged that different interpretations existed in the understanding of the condition. One way in which this influenced the research was the adoption of a critical approach taken towards the literature on vaginismus. Vaginismus has been conceptualized from a variety of theoretical perspectives including psychodynamic theory, behaviourist theory, and feminist theory. Based on which perspective is adopted vaginismus can be understood either as a sexual dysfunction (DSM-IV-TR, 2000), a pain disorder (Reissing et al., 1999), a conversion reaction (Drenth, 1988 cited in Harman et al., 1998), a conditioned response (Kaplan, 1974), a phobic anxiety of vaginal penetration, a troubling psychosocial experience in which defences have been created to protect the self (Ward & Ogden, 1994), or as a reflex response to pain (Lamont, 1978).

This study provides general support for the literature findings on the characteristics of the male partners of women suffering from vaginismus and the descriptions of the couples' relationships, with some key differences. The men appear to have particular personality characteristics, which are sustained in the context created by the sexual difficulties associated with vaginismus. It is the participants' personalities and aspects of their identity which mediate their experience in the context of the relationship.

Some unique contextual circumstances contributed to each participant's interaction with their partner and their experience of vaginismus. Participants Three and Four differed in their responses to many items from the other four participants. They seemed relatively unperturbed by the lack of penetrative sex, while the other men spoke about it as a significant obstruction to fully engaging with their partner in all aspects of the relationship. A number of secondary research questions were derived to meet the aims of the study. The following discussion attempts to address these.

i. How has the condition developed over time and how did the couple become aware of it?

The participants entered the relationships with an awareness that their partner had some difficulty or lack of knowledge around sexual interaction. They usually discovered the difficulties associated with vaginismus during their first attempts at penetrative intercourse and in the immediate aftermath, some of the male partners internalized the cause and blamed themselves or their own sexual behaviour for their partner's response. Later, they all tended to rationalize the situation as a fear or anxiety over penetration. The participants appeared to have come to this awareness partly through discussion with their partners or by attributing their own conceptualisation onto the events. Some participants made their own attempts to research the condition, but overall this understanding of the condition was confirmed and broadened by educational material from the treatment programme they were in.

Most of the couples took a proactive approach in trying to address the condition but the affects were still potentially devastating. They sought help from multiple professionals and in some cases the experience of seeking treatment was very emotional and unsatisfactory. This raises questions around the helpfulness of the current diagnostic criteria and has implications for treatment and addressing sufferers' concerns. The participants' attitude towards the condition as something that could be overcome appeared to be one indication of whether they would continue to manage the condition.

ii. In what way has the condition affected their sexual interaction?

The condition made penetrative intercourse either impossible or very painful for the participants and their partners. Their sexual interaction was thus limited to ways in which they could manually stimulate each other and reach orgasm. The participants reported that their partners had an aversion to sexual behaviour due to the pain and distress associated with coitus. However, sexual interaction formed a central concept in the identity of the participants and the wider social context played an important role in how the men perceived sex. The most common complaint was a general lack of sexual

contact. The couples were also unable to conceive children through natural insemination, but one participant did father three children through intercrural ejaculation.

Difficulties associated with the condition based on negative beliefs and expectations about sexual intercourse, a religious or conservative upbringing, a general lack of information about sexuality, unrealistic beliefs about sexual activity, an inhibited attitude to sexuality, and/or guilt from sexual activity may have led to the couples having a limited sexual repertoire, which further impinged on their sexual identity. The men repudiated any implication of sexual aggressivity which they believed could only add to their partners' distress.

The participants all had some previous sexual experience but it is unclear from the data what contribution this experience made to their sexual interaction. The findings only partially supported the view that there was a high incidence of inexperienced men among the partners of vaginismus women. What was more apparent was a sense of rigidity in their sexual outlook and a limited sexual repertoire linked to rigidly structured identities.

iii How are sex roles and activities negotiated?

The couples had limited negotiation around sex roles and behaviours, although most felt that their communication had improved because of the treatment programme for vaginismus. Generally, the level of negotiation around sex varied, but subtle inequalities existed in how the condition of vaginismus was used to justify certain behaviours. The ultimate aim of the participants was to engage in penetrative sex and it is possible that they did not perceive negotiation as a possibility due to their limited sexual identity and rigid sexual outlook. Only one participant explicitly referred to negotiation around sexual behaviours.

There were two consistent themes in the manner in which sex roles or activities were negotiated. The majority of the men took an active role and made persistent advances towards their partners. Some of the participants indicated that their partners would "do anything except penetration" to keep them happy. There may not have been much negotiation in this regard because the partners believed that they had a limited range of

options available to them, either as a result of a lack of information or their own beliefs on what constituted acceptable sexual behaviour.

iv How do the male partners address the difficulties associated with the condition?

The participants addressed the sexual and other relationship difficulties associated with the condition in diverse ways. In all the relationships, some form of sexual interaction still existed. Those who showed a desire for sexual activity found substitute behaviours with their partner or resorted to masturbation, while one participant felt satisfied with a level of intimacy. Other forms of sexual interaction were not often raised; although the literature implies that these couples have a rich sexual repertoire, it appears that they may actually lack information on alternate forms of sexual interaction. Their sexual interaction was further limited by inhibitions based on their belief systems.

They usually ascribed the difficulties to causes outside of themselves. However, at times during the relationships they reacted angrily to their partners' perceived lack of progress in addressing the situation.

v. How do the partners view their own responses and interaction in the relationship?

The participants viewed themselves as 'good guys' who were considerate, kind and patient in response to the condition. Their overly positive self-representations and need to be liked, valued and regarded with positive affect by others were thought to be an indication of an established relational style continued in their current relationships.

Their own responses in interaction in the relationship was consistent with what appeared to be a need to have the 'good guy' identity affirmed. There was a strong emphasis that the main problem resided with the other party. Differences between how the participants were experienced during the interviews and in their self-descriptions were attributed to a wish to avoid implicating themselves in the cause of vaginismus. It is hypothesized that their overly positive self-description and display of excessively positive behaviour may be a defence against true feelings of frustration and anger towards their partners.

vi. How has the condition affected the male partners' perceptions of themselves?

There are variations in the experience and reaction of male partners. The effect on their perceptions of themselves was partly associated with their view of sex and the relationship and, to what extent sex was related to the identity of being male and the concept of masculinity. Some participants questioned their perceptions of their own behaviour, rather than reporting that their partners might have perceived them as perhaps being a contributing factor to the condition. Others questioned their 'good guy' image as this was incongruent with the response they appeared to evoke in their partners and because of their own responses to their partners when frustrated by the condition. However, two participants professed that the condition had confirmed their self-perceptions as 'good guys' who valued either "intimacy" or "family values" over sex.

The participants reported some negative reaction to the condition, or their perceived ability to deal with it. However, this may have been mitigated by the attribution of negative interpersonal incidents in their relationship to vaginismus. It is believed that the participants' focus in the interviews stayed on the condition of vaginismus as it was easier to verbalise than deeper underlying issues. The condition may have allowed other forms of behaviour to surface, which may not have appeared otherwise. Conflict in some of the participants' relationships changed the way the men reacted to their partners, and changed their behaviour within the relationship as well as their social interaction outside of the relationship.

If the condition is left unchecked or continues for a considerable period, it may have long-term negative consequences for the couple's relationship. The participants showed a tendency to downplay the conflict and refer to how the relationship had improved congruent with the 'good guy' image partly due to aspects of the treatment programme they were in, which focused specifically on improving communication around sex.

Therefore, the experience of the male partners of women diagnosed with vaginismus was layered by individual and societal understanding of sex, with specific differences in the individual cases. On an individual level, the relational interaction with their partners

influenced how they perceived the condition, as something to be worked on, rather than a nullifying entity. However, on a wider social level the participants had certain expectations and anticipated sexual interaction to be part of their relationships. This contradiction manifested in all aspects of the couples' lives, from their emotional, psychological, and sexual interaction to the social interaction of the couple. The inability to engage in sexual intercourse troubled most of the participants. They perceived the activity as part of their sexual identity and an expression of their shared identity in the relationship. However, individual differences influenced how they interpreted the symptoms.

This research illustrates the importance of social structures in the couples' understanding of relationships and the part in which sexuality plays in this. The indication that culture affected the participants' understanding serves as a point from where trends that are more general can be explored. How they perceived their situation relative to their own self-image and social identity, and what sense was made of it mediated its effect and partially determined how the participants responded to it.

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TABLE 1: PARTICIPANT INFORMATION TABLE

PARTICIPANT	AGE	FIRST LANGUAGE	MARITAL STATUS	NO OF YEARS MARRIED/OR LENGTH OF RELATIONSHIP	CHILDREN	VAGINISMUS TYPE
Participant 1	27	Hindi	Arranged Marriage	1.2	0	Primary
Participant 2	39	Afrikaans	Married	18	3	Primary
Participant 3	37	English	Married	12	0	Secondary
Participant 4	27	Afrikaans	Married	6.5	0	Primary
Participant 5	21	English	Unmarried	1.8	0	Primary
Participant 6	30	English	Unmarried	2	0	Secondary

TABLE 2: THEMES IN THE INTERVIEW DATA

THEME	ASPECTS OF THE THEME
I. Self-description of the male partners	- 'Good guys' - Self-descriptions in relationship with partners - Defensiveness - Self-description and identity
II. Male partners' understanding of vaginismus	- First awareness of vaginismus - How does vaginismus arise? o *Organic causes* o *Religion* o *Physical response to emotional pain* o *Negative attitude towards sex and sexuality* o *Sexual abuse* o *Personality characteristics*
III. Impact on the men and their relationship with their partners	- Impact on the male partners - Impact on the relationship o *Non-consummation* o *Conflict* o *Attribution of negative events*
IV. Sexual interaction	- The meaning of sex - Male partners' anxieties around sex - Sexual aggression
V. Communication around sex	- Negotiation around sex
VI. Presence of a collusive behaviour pattern	
VII. Experience of seeking treatment	

APPENDIX I: CLINIC INFORMATION SHEET

Chris Sampson
Tel: 011 234 3272 / Cell: 073 393 2341
Supervisor: Professor Gavin Ivey
Department of Psychology
University of the Witwatersrand

DISA Sexual and Reproductive Health Care

Hello, my name is Chris Sampson. I am a Research Psychology Masters student at the University of Witwatersrand. As part of my course requirements, I need to complete a psychological research study. I am conducting a study which explores the experiences of men whose partners have been diagnosed with vaginismus.

I am requesting your assistance in carrying out this study. If you are able to help I would ask you contact from your list of patients, partners of women who have been diagnosed with vaginismus and inform them of the study. I have provided an information sheet which you can send to the potential participants to inform them of the nature, aims and outline of the research process. If they would like to participate, my contact details are on the information sheet for them to contact me.

Participating in the study will involve an interview with me which will last approximately 1 hour, to discuss their personal experiences around vaginismus. I have experience in lay counselling gained through working at Lifeline, being a co-counsellor at a health clinic which does pre-test and post-test HIV/AIDS, termination and STI counselling, and from my work as a case manager at a clinic for abused children. Confidentiality will be guaranteed at all times. The only people who will have access to the data will be me and my supervisor, Professor Gavin Ivey. The results of the study may be written up in a research report.

Participation is entirely voluntary and there will be no repercussions if anyone decides against participating. If they do participate, they have a right to end their participation at any time without any consequences. They may also decline to answer specific questions that make them feel uncomfortable. Should any concerns arise from the interview they will be given the opportunity to discuss these with a professional at the clinic. This will be negotiated with the clinic personnel at the outset of the study. A summary of the results will be made available to them and to the clinic on request.

Yours Sincerely

Chris Sampson
(Researcher)

Professor Gavin Ivey
(Supervisor)

APPENDIX II: PARTICIPANT INFORMATION SHEET

Department of Psychology
University of the Witwatersrand

Hello,

Hello, my name is Chris Sampson. I am a Research Psychology Masters student at the University of Witwatersrand. As part of my course requirements, I need to complete a psychological research study. I am conducting a study which explores the experiences of men whose partners have been diagnosed with vaginismus.

I would like to invite you to participate in the study. If you agree to participate, it will involve attending one interview with me lasting approximately one hour, to discuss your personal experiences around vaginismus. I have experience in lay counselling gained through working at Lifeline, being a co-counsellor at a health clinic which does pre-test and post-test HIV/AIDS, termination and STI counselling, and from my work as a case manager at a clinic for abused children. With your permission the interview will be tape recorded for later analysis. The tapes will be kept in a safe place and destroyed once the research is completed.

Your confidentiality will be guaranteed at all times. The only people who will have access to the data will be me, and my supervisor, Professor Gavin Ivey. Not even my supervisor, however, will have access to your names or identity. The results of the study will be written up in a research report and possibly published in a scientific journal. However, all identifying details will be omitted.

Your participation is entirely voluntary and there will be no repercussions if you decide against it. If you do participate, you have a right to end your participation at any time, without any consequences. You may also decline to answer any specific questions that make you feel uncomfortable. Should any concerns arise from the interview you will be given the opportunity to discuss these with a professional at the clinic. This will be

negotiated with the clinic personnel at the outset of the study. A summary of the results will be made available to you on request.

You may contact me on 073 393 2341 or you can email me at chrissampson@mweb.co.za.

Yours Sincerely

Chris Sampson
(Researcher)

Professor Gavin Ivey
(Supervisor)

APPENDIX III: INTERVIEW SCHEDULE

1. How long have you and your partner been together?

2. How would you describe your relationship? Did you know that your partner had this difficulty before you became sexually involved?

3. How do you understand vaginismus and its origins? What factors do you think may have contributed to your partner developing vaginismus?

4. What impact has the condition had on you? What impact has the condition had on your relationship with your partner?

5. What words would you use to describe the type of person you are? How would other people describe you and your partner?

6. Over what time period have you and your partner become aware of the condition?

7. How would you describe your feelings around sex? Are there any sexually related issues in your interaction with your partner that you are anxious about?

8. How do you and your partner speak about issues around sex? How do you negotiate the issues around sex in your relationship?

9. How have you and you partner managed the issue of vaginismus in your relationship?

10. What had brought you for treatment at this stage?

11. What do you hope to get out of the treatment?

APPENDIX IV: INFORMED CONSENT FORM TO PARTICIPATE IN THE STUDY

I, _____ the undersigned, hereby agree to participate in this study which explores the experiences of partners of women who have been diagnosed with vaginismus. I understand the process involved and I am willing to participate in an interview to discuss my personal experience around vaginismus. I understand that the final report may use direct quotes, but that any identifying details will be omitted. The final report may be written up as an article in a scientific journal. I further understand that I can withdraw my consent at any stage without any negative repercussions. I am aware that I have the right to refuse to answer any questions which make me feel uncomfortable.

Signed _____ Date_____

APPENDIX V: INFORMED CONSENT FORM FOR RECORDING THE INTERVIEW

I, _____ the undersigned, hereby give permission for the interviewer to use a tape recorder to record this interview for transcription. I understand that the tape recordings will be kept safe at all times and are to be destroyed upon completion of the study. I am aware that direct quotes from the interview may be included in the final research, but that any identifying details will be omitted.

Signed _____ Date_____

APPENDIX VI: TRANSCRIBED INTERVIEW: PARTICIPANT ONE

The participant is a 27-year-old Indian man. He is casually, but well dressed and answers questions in a direct, open manner. He maintains eye contact and appears friendly and engaging through the interview, speaking in a steady, well-paced manner.

Interviewer: So the first question I have to ask you is how long have you and your partner been together?

Participant: Uh just over a year. One year one month.

Interviewer: And how long have you actually known each other? Also one year one month?

Participant: Yeah. Ours was like an arranged marriage. So since we met it's… in a month's time we got married.

Interviewer: So you had known each other for about a month…

Participant: Yeah. one year and two months that's since we knew each other.

Interviewer: Did you meet locally?

Participant: No uhm she I mean I was born in India. And then uhm been living here since 1996. So my parents everybody is from India so we for marriage like you know we go back to the families and uhm even though we live here we like… it may not be for permanent. Our family… everything is back in India. So for wedding reasons as well we went back and my mother and my wife's mother studied together. They knew each other. So through proposals that each person in the family talked about we came to know and that's how we met. So… yeah.

Interviewer: Ok. So if I understand you correctly she lived in India before she met you.

Participant: Yes

Interviewer: Your mom and her mother were also back in India?

Participant: No, my mom is here. Her mother and family are all back in India. They just happened to be in the same college, same class like many years ago and when we went to India to look for proposals then they talked to the family like you know asked them and you know you any girl whose you know those sorts of things and then they happened to know and then they

realized… actually were classmates. And that's uhm yeah. Other than that I didn't have any connections before we met.

Interviewer: Sorry just to clarify for me you say you were classmates?

Participant: No my mother and her mother was classmates.

Interviewer: And uhm your wife herself was raised and lived in India?

Participant: Yes, yes.

Interviewer: And obviously she came over with you once you were married…

Participant: Yes, yes.

Interviewer: And how do you feel about the circumstances in which you met. You said to me that this tradition is very much part of your culture.

Participant: Look I said I lived there most of my life. I been getting… all been influenced by this culture for the last 10 years. To me… it doesn't really matter. If I know the person and then I get to know you… that's also fine. Or even in a marriage, an arranged marriage they also look for compatibility. So yeah you haven't had the experience or the evidence but you kind of when you talk… they also do some you know checks and everything. How is the girl you know and they also find out how is the boy… all these things. So you know there is a bit of a reference here and there. I think in the… depending upon like… I mean I would rather… If I had a choice I would rather meet a person, know and then get married. Uhm the other way is also fine for me. It's like acceptable to me. If I'd lived here or been influenced in the Western culture for more than 10 years I might have resisted… uhm but you know its ok.

Interviewer: So you're saying to me that you're able to straddle that ambiguity. On the one hand you obviously choose to honor your tradition and the place that you come from, and therefore the circumstances in which you met, you are fine with that…you are at peace with that. On the other hand you say that because you've been exposed to the Western culture you wouldn't have a problem also pursuing a relationship in that way.

Participant: I mean the only difference is in the Western culture you know a person, you meet and then you marry if you like or you go out whereas in the other culture it's like… you marry and then you know each other. Sometimes it may not work and then the onus is on both people to actually get it to work. I mean even if you know there will be if she's very… you know that you still have to get it to work, so it's just… that's subtle difference. It is an important difference, but if you look at the number of

divorce rates it's lesser in that culture. That's probably not… it doesn't say that they all are living happily married but it's… when you have an arranged marriage it's not a commitment to one person. It's a commitment towards her family and there's a lot of things involved in it. Whereas if it's in this or a Western sort of culture where you know you decide to marry you decide to separate as well. So plus and minus.

Interviewer: You say the fundamental difference is knowing the person before you get married but at the end of the day it's not a commitment just to the two of you, it's a commitment to your family as well.

Participant: It's a lot more than to the partner and these days we do know each other for a longer period that it used to be before. So I know one month is not sufficient, but again knowing six months people say they been married for four years, 10 years living together they still don't know each other very well. So I know cases where they knew each other for six months but they may not have a physical relationship or anything like that but they know each other. So I used to call my wife everyday and I used to speak to her at least for two hours. Uhm so that was my attempt to actually know the person.

Interviewer: So that was the month in which you were courting?

Participant: Yeah.

Interviewer: Can I ask what your wife's profession is?

Participant: She works for a (withheld for confidentiality)

Interviewer: How would you describe your relationship now to me? You've spoken to me about the fact that you knew each other for about a month before you got married. You also said you spoke for two hours each day on the telephone getting to know each other. Perhaps you could tell me a bit more about your relationship is now that you are married for about a year?

Participant: Like I said uhm I mean our relationship is still very strong. In the sense like yes there is a problem which is just very critical of… one of the fundamental things in marriage. But if that doesn't work it doesn't mean that you know we not in love or we don't want to stay married or anything. We need to treat the problem and obviously we can get over it. It's not a… I don't… even in the beginning I never thought this is not curable or anything.

Uhm it's only at that…you know when you want to have a physical relationship or a sexual relationship and when it doesn't work there is a lot of frustration, there is a lot of anxiety, there is a lot of worry, there is a lot

of crying. But other than that everything else for us is working fine. I mean we are happy and that was the same expectation we have before. Uhm I mean I'm just determined to get her the right help and and you know no matter what happens or what it takes I'll do my best… you know just for her to get the right you help and sort of things but otherwise there's no other issue currently with our marriage.

Interviewer: Ok… you saying to me if I hear you correctly that although this issue has arisen and caused a lot of anxiety, frustration and a bit of discord amongst you and anxiety but the physical relationship is not the only relationship in your marriage.

Participant: Yeah. I mean in a marriage the physical relationship is a part of it. I don't think that it can it… I believe it should be there and all those things, but if it doesn't happen for a certain period it doesn't mean that the marriage is not a marriage. There are a lot of other factors that is a critical component of a marriage.

Interviewer: How do you interact with each other? How would you describe your interaction?

Participant: We do interact a lot but you know on a weekday we both come back very late. Uhm we are both then very tired. I mean I drive at least an hour-and-a-half to get to work. She sometimes comes back very late. Weekends, Saturdays we do mostly do shopping.

So it's like I've stopped everything else. In the sense like I don't meet with my friends anymore on a regular basis. I even stopped playing sports that I use to play on a Saturday and try and spend more time together. You know whatever time is available because in the weekdays you now we just… we come we talk, sometimes we even talk from work in terms of know we call if we don't get time at the end of the day. Uhm I don't think interaction has been a problem but certainly it's a… sometimes I just come back and sleep. I mean I'm so tired.

Interviewer: Are you saying because of your stressful lives and that fact that work takes up a lots of your time you have to make some sacrifices in terms of the sports you play and …

Participant: That is mainly because of this issue. If… because I mean I don't want to go and spend time with my friends when I don't get to spend or my wife gets to spend time with me or whatever little time that we have. So where I used to meet every weekend with my friends now I'm like every six months or something. So… I mean and she doesn't have any friends here because she's from overseas. She doesn't have many friends here.

Interviewer: So she is still establishing her social life here and you say the time you spend together is very precious and you would like to make her feel comfortable.

Participant: Cause she gets upset when I go see my friends. Firstly because she's not very comfortable with my friends because they always… they are not married, they single. They always talk about like you know… getting new boyfriend or new girlfriend and you know scoring and all those things. And she's obviously having this problem … doesn't want to hear any of these things and she thinks sometimes that I might get influenced by them and for many reasons and she… she's just not comfortable with them. But…eh and she… she doesn't she's more of an introvert as well so and she's still getting friendly with the places and people. She's very picky… even in India she had one or two close friends. She didn't have many friends whereas I had many friends even though I wasn't very close to everyone. So yeah.

Interviewer: So you say she doesn't feel very comfortable in the situation.

Participant: Yeah yeah. And mainly because of her problem she feels guilty and she feels you know she's not able to do it and she feels she may not be able to keep me happy, all those things. So I decided you know why go speak to people and just add more pressure when she's not even enjoying the conversations. That's why we just don't go.

Interviewer: You choose to spend more time with her?

Participant: Yeah we do our own stuff uhm we would have done… I think if everything was fine we would have visited the friends a little more often. I would've gone to play sports as well, because she's happy everything is going fine. Now in this case she'd rather have me with, you know there and I can just do other things that involves us both.

Interviewer: When I say interaction perhaps I should clarify a bit. When decisions are made, generally the personal interaction between the two of you.

Participant: In terms of decisions we both discuss whatever it is. If it is to buy car or if it is to move to a new place, buy it… whatever. We both discuss it. It's… it's not that I force her to decide on something and neither does she. So… there's no there's no tension there. Sometimes I think what she says is correct. I don't know if she… (breaks off)

Interviewer: So you saying there is a lot of equality in the relationship. If we move on perhaps you can tell me a little about how you understand vaginismus. What factors do you think contributed to your partner developing vaginismus?

Participant: I think I've done enough research in terms of that thing. In the beginning I didn't have any idea. Uhm I mean I knew that women if they virgin and you know initially that they ultimately feel the... you know it didn't happen all of a sudden. You get into the… you know mood as well. So you slowly slowly take but uh… what I realized uhm when we were trying to make love that she's uhm very tense, cause she's very scared and I actually phoned up a psychologist that I knew before and they told us like you know this is a problem. I mean then they said look that's normal behavior for a newly married woman. That's understandable because firstly she doesn't know me. Or we were just beginning to know each other so she will have her own reason to be… but just relax you know don't worry about it. And just gets… it just went on and on and there was no progress and at the same time it was just getting worse and worse.

So then we… I think my wife actually surfed on the internet and started typing fear of having sex or something like that. And then the vaginismus thing came up.

Then we spoke to uh a sister in the clinic at the place where I work and she referred me to a… nephrologist or a one of the medical doctors. So speaking to her I kind of realized that there is a problem and then we contact the sexologist and then we went to the sexologist. That's when we say look there is a problem. Specific women have this problem I've been reading so… Yeah I mean I've got an understanding. I believe she comes from a background which is very religious. They're very nice people. They're very religious. I think they take it one step more than you know what religion prescribes in the sense like uhm when they go, they go to church every day. So… (trails off).

Interviewer: Sorry can I stop you and ask you what religion you wife is?

Participant: Catholic. So… and I'm also Catholic. But uhm I mean some Catholics also think that using a condom is against religion sort of things which I have… I totally disagree to that. But as I remember her saying that when they go to church everyday morning her mother tells… she's got two sisters as well so the mother tells to the girls saying if you have thought about anything like you know or if she's seen a picture which is either a naked or half-nude or all these things you know you must confess because as if it's a sin… you know all these things. So like even a small thing a thought process they have to confess kind of thing… and she is very receptive to religious things than the people that I know.

For her going to church on Sunday at least on Sunday is a must. If we were to travel for a holiday and the cheapest flight is on a Sunday she would rather not go on that day because she can't go to church. It's like if there's a Sunday then there's no way she can miss the church. And that's

the time we sometimes end up in sort of a argument. Uhm cause I mean we going for a holiday or something yeah you can and if you going for a holiday you go to Cape Town there's a church you have to go there. So ja I like think religion in my opinion has some impact in this. Plus she's naturally a very… she's scared of just about anything. Like dogs, puppies, animals. She won't go anywhere near to any sort of animal even if it's like a small chicken or you know harmless creature. She won't touch it. She won't… she doesn't do anything. And I mean she's scared about… obviously she's scared about those thing she's obviously scared about any other stories of like murder, rape or child abuse… all those things. So she lived in a country where… you can walk to the street any time of the night. I mean it's a relatively… it's a much safer place. I mean nobody is going to come and kill you. I mean rape incidents are very, very, very rare. Abuse to children is very rare. Almost… you hardly hear about it eh … since she come over here there all those stories… of horror and crime, those sort of things. Those had an impact. But I think she is inherently very scared about those things that I mentioned.

Interviewer: So you describe her as tense. You also said that she's inherently very scared and quite susceptible to certain factors. And therefore you say to me that this fear that she has is magnified by the country in which she lives in now?

Participant: No. I don't think that has much of a connection to our problem – vaginismus. But yeah she's scared. She's uncomfortable living here. Sometimes she says she just wants to go back. And she gets lost on the road at night she says look she's so scared. She doesn't know what's gonna happen. She hears all the horror stories. It's got some impact but I think even if she didn't have that problem that fear would still remain there.

Interviewer: So you think that religion contributed to this?

Participant: I think it did. And now we don't go to church everyday because we just can't go.

Interviewer: Do you go every Sunday?

Participant: Yeah every Sunday. It's like a non-negotiable thing. And I told her like… sometimes we fight and argue around the sexual problem and then going to the church is not gonna solve this problem. So I her tell her you know what's the point. But that's something like that she wanted to do and I said look that's fine. I mean if she wanted to go church every Sunday I don't have a problem.

Interviewer: Tell me. I've trying to understand this. How exactly do you understand the way in which religion contributed to the condition?

Participant: I could say probably… her mother tells her that she must… cannot… even tiny… firstly when she had her first menstruation I think it happened one or two years earlier that you know what normally would happen. So she was not aware of what's happening so she thought she was gonna die. And I think her mother didn't even tell her or explain to her at that point because maybe she wasn't expecting it either- her mother. So maybe she had a fear from that.

Then she reads all these books that talk about pregnant women delivering the baby with pain and first time you have intercourse it's gonna be painful all those things. She told me all those things that she read and she thinks that the reality.

And then on the other side, the religion side you know you must abstain from sex or a sexual relationship before marriage and you know it's small. I mean you see a picture that provocates your mind you must confess. You know those sorta things. I mean I don't even do that. If I had to confess on all those things I mean every picture that you see on the road and yeah to me that's like extreme. I mean with her… you willfully do something you yeah you can go confess but... and that is again in a higher magnitude. I think they're a bit over religious and they even have a kind of chapel inside their house. But the other two sisters that she… that are younger to them I don't think they are as scared about you know like other things like she is. I think she was more receptive to all those things than the other two.

Interviewer: So you believe those two factors are the origin?

Participant: I think so. I might be wrong… but I think it can.

Interviewer: In terms of your understanding you've said to me that it's a medical condition and you've spoken to a psychologist, a doctor and a nurse. And you've mentioned a specialist… who was either a neuropsychologist or ….

Participant: She was a nephrologist… sorry a u… urologist.

Interviewer: Ok so you've obviously spoken to a specialist as well and how then do you understand it. Would you like to perhaps elaborate on it?

Participant: When I spoke to the urologist… she didn't… she asked me to explain what the case is. So then she said like from the sound of my explanation she thinks there is a problem. We were then going to see her but we didn't

have the appointment and we cancelled it. So… we eventually went to a hynotherapist. Uhm you know they said like it's a mind… the mind created that fear so you can the mind can also undo the fear. So we wanted to do… we went for about four or five sessions and practically nothing happened. We just lost some money, that's it. Uhm we went to a gynecologist. The gynecologist doesn't know about vaginismus or anything. She just… they just saying think that you must just relax. You know also in the video that E showed us I didn't think that gynecologist knew about the problem. What he told me is it can be because of some previous experience where she could have been sexually abused and her mind just blocked it so she doesn't know what happened or uh she just told me that it's an abnormal fear that she only sees very rarely amongst women that has been treated. So that was my understanding before I spoke to the sexologist.

Interviewer: And how did you feel you about that. Did you believe that?

Participant: I thought there was a problem. I mean there it… it was an abnormal fear. Uhm I mean we tried so many things. I mean… when I realized that she hasn't even inserted her finger inside her then I realized that that's a problem. If she can't do that there's no way I can go… I mean I can insert… and then well the psychologist said maybe because we don't know each other very well so she's a bit tight and you know she tightens them like she's and she's just knowing… you know the woman needs to feel it from inside that they want to have a sexual relationship as well. But now when I speak to my wife she wants to but she can't. You know it's like eh the mind is willing or the body is not willing kind of thing.

Interviewer: So you've had all these people telling you different things. Many of which you say you are not entirely sure about. How did you then form your own understanding?

Participant: I kept open minded. My understanding was that I knew there was a problem and I knew that the only way we could actually gets over it is… is by physics so I think by exploring oneself then slowly, slowly I was basically rewinding her life back to 15 years back. You know when she was still a girl in puberty where she would slowly experience or explore her sexuality. I thought I had to take her back 15 years. Uhm but yeah that was… but I was open to… like when you go to a sexologist like it's similar to what I thought could work. But it was more of uh of talking and... Look it did help with a lot of improvement but not the end result.

Interviewer: Uhm so you talked about the impact that it had on your relationship. You've said that obviously you choose to spend more time with your wife as opposed to your friends because there is a bit of uncomfortableness in

that circle. How has it impacted on your relationship? Has it impacted in any other ways?

Participant: No it only helped the more I spent the better it was for our relationship. And I think she needed a lot of support. Uhm so I should tell her like you know come sit by me and as her friend or as a lover as a husband. But you know… I realized that because she couldn't speak to anyone… she can't speak to her family. She can't literally speak to anyone about the problem. So I had to be her moral support in different ways. I mean so those sorts of worries and stresses are at the minimum that we could.

I think it was very frustrating and I think a lot of times… I'm normally a very… it takes me some time to actually blow my gasket in the sense that I think I've got a lot of patience. But I think three or four times I just… I just have gone bizarre. When we were trying to make love then I know I… so I told her like you know don't… just do the baby steps. Like you know just let's get some progress and she just sometimes kicked me away like as if I'm gonna hurt her. And a lot… there's about three or four occasions where I got really angry. I got really angry since like… I was angry at times she was not progressing.

Because we went to the doctor, the doctor said you must do the exercises and you must… she must insert the finger inside her… she wasn't doing or she doesn't want to do. So so… there wasn't enough progress so I was worried… so and that's why I got you know angry and those sorts of things. But I would… I can literally count how many times I got angry in my… in the past one or two years but most of the time was based on this.

Interviewer: So you spoke about the fact that you had to play different roles. You had to be a friend, a partner, husband and lover as well and sort of a confidant as well. You've said that it impacted on you in that at times you've experienced anger and frustration. Are there any other ways or has it impacted on you in any other way?

Participant: Mmm no that's I mean I felt more responsible for things like I felt that I can play a big role in getting her out of this fear. Ok the doctors can play a role but I think that if I don't support her then it will just… it won't work at all unless she decides… which she may not because she needs the motivation to come for help, to see the doctor. So I think I felt that I had to support her and just make sure that I stayed there with her all the time.

A lot of time she was worried that if I'm gonna leave her and go. So I had to like reaffirm that you know I will… I'm still… still want to be with her. At the same I also want her to get the help. Cause there's a lot of times that she thinks that I'm gonna leave her. And also she thinks that I might go with another person uhm because let's say my needs are not being

fulfilled… uhm I might go with another person. But she had those two worries so I had to constantly tell her that you don't have to worry about those things.

So I think I was more committed to the relationship. Also probably because of this problem (sighs loudly). I don't know how I would react if it… this wasn't a problem but I just had to make sure that I don't make an additional stress on her life if I talk to other girls or even my ex-girlfriends. I don't even speak to them at all because I know it would add more pressure on my wife.

Interviewer: Ok. Tell me what words would you used to describe the kind of person that you are?

Participant: I think I'm… I'm calm and I've got eh I believe I've got a lot of patience. But even though it was put to test in the sense like you know I do I did lose my patience. But I think if I was a very short-tempered person I don't know what would've happened. Yeah I would call myself a calm person.

Interviewer: A calm and patient person you say.

Participant: Ja.

Interviewer: And what words would your friends used to describe you?

Participant: They'd probably say the same. Ja…calm and quite friendly ja.

Interviewer: And your partner? How does she see you?

Participant: She also recognizes that. She also says that I've got a lot of patience. Uhm ja.

Interviewer: In terms of becoming aware of vaginismus. Over what time period did you become aware of the condition? How did you first become aware of the condition?

Participant: I didn't know like the terminology of vaginismus. But I'm saying I realized that there was a problem… in the first two months. I knew there was a problem. Uhm… because it was not about the inability to penetrate. It was also the fear and… and no matter what … she's got all sorts of excuses saying her legs are paining. She just wants to get away with that. So I mean I realized that there was a problem in the first two months. I didn't know exactly what the source of the problem… it came of the blue. I was never even in my wildest dream thinking that this is a possibility. I'd totally never heard of it before. I had no idea.

Interviewer: So you say you became aware of it in your interaction with each other. And was this over the first two months as well?

Participant: Ja, well the first two months I was able to… no in the first month or so I had some idea. But I was just hopeful that there was no issue but between my first month-second month, I was kind of certain there was an issue.

Interviewer: And you partner as well over that time period?

Participant: She… she used to tell me she's got fear. I thought ja I mean it's probably possible… I mean if you haven't been sexually active it's probably… you might have anxiety and all those things. I didn't really tend into the same issue as her.

Interviewer: We've spoken a bit about your feelings around sex. You've said that a sexual relationship is not the most important thing in a marriage. How would you describe your feelings around sex? Are there any sexually related issues in your interaction with your partner that you are anxious about?

Participant: Mmm what do you mean? Can you just rephrase?

Interviewer: Can you describe your feelings around sex itself? Obviously we know that the vaginismus is there as well. Perhaps you would like to tell me just how you feel about your typical interaction.

Participant: I mean we…we cannot have like have sexual intercourse because of the problem. But at the same time we have other forms of sexual satisfaction but… I mean it doesn't replace what it should be. I mean at the moment we do what we can do. From her side she doesn't have the urge or the appetite or… she doesn't want to. She doesn't she never even tell me just once that will take us into this part of sexual intercourse. She always avoids. So… does it answer you?

Interviewer: So you're saying to me that you're the one who initiates the behavior?

Participant: Yeah, all the time. Not even once… that is another think that we used to fight and argue. So like even in there's one year if you count 365 days there's not even once that she actually took the initiative. And I realize that's because of her fear. Even though in her mind she wants help… she wants to get over this. But at that point in time the fear actually takes over. No matter even if I tell her I'm going to leave her because of that fear it will still override. She will rather avoid the situation and at that point in time she will choose not to have the sex or intercourse even if I tell her… I threaten her that I'm gonna leave.

Interviewer: And you say to me that you have resorted to other kinds of behaviors to make up for it as well. Are there any sexually related issues that you are really anxious about?

Participant: Sexually related… uh

Interviewer: …issues that you are anxious about in the interaction with your partner?

Participant: No, no. Other than the issue of vaginismus there's no… I sometimes feel she… if I say like she doesn't get like excited… even like the physical touch and all these things she doesn't get excited all the time. I think that's probably because she hasn't even experienced her sexuality. So… ja I don't think that is a problem. It's probably because of all this fear and the cloud around and she hasn't experienced it.

Interviewer: And how do you feel about that?

Participant: Yeah, it makes me anxious. but I believe once she gets over the fear, once she starts exploring herself, once she starts experiencing the… the like the pleasure or all those associated… she should slowly. But it will be a slow process but then more then maybe later she will have a more appetite for it but at the moment she don't know how it feels so obviously it will have… again like I said probably three or four situations where she actually was aroused. But out of let's say 20, 3 out of 20… something like that. But it's on very few occasions. So you really have to actually create a sexual arousal for her.

Interviewer: So you've spoken to me then about the fact that you've initiated contact in the last year or so. You've also said that it is very difficult for her to get excited about the interaction. I wonder then how are issues related to sex spoken about in your relationship?

Participant: We speak about it. We say… you know... how do I say it? We… we do talk about it. We acknowledge that she has a got problem. She obviously agrees that she has a problem. Initially, she was initially not even willing to see a doctor because she wasn't sure that she's got a problem and I also wanted her to think that she doesn't have a problem. Because once you start thinking that you've got a problem and you've got a sexual problem that's gonna even like you know put you under more stress. But once she realized then she's like let's go to a doctor. Let's get some help and also we... we do talk about it. And we tell like you know maybe… I tell her you know do the touch this way or that way so that she can feel or experience that. But ja.

Interviewer: And how are these issues negotiated. You say you can speak and you are quite open with these issues with each other. You've spoken about the fact

that you've had to find substitutes for actual penetrative sex. So how do you negotiate those issues?

Participant: I mean it wasn't… like a negotiation. In the sense that she was willing to do anything other than what that her mind says is gonna be painful. So... and she was trying to do… whatever she could do to keep me satisfied. That kinda thing. So it was not like I have to convince her or negotiate. She's scared about penetration and that's the only thing she's worried about. That's the only thing she will try and avoid.

Interviewer: So would I be right in saying you saying to me that there is a willingness on her part to explore other ways of being together?

Participant: Ja.

Interviewer: Are you both pretty open to that form of behavior or that form of interaction?

Participant: But it's not going to be the end result. In my opinion this is for the time being until she gets the help… I mean I'm not gonna settle… what I'm saying is I'm not gonna use a substitute method for avoiding the actual intercourse. I'm not saying that we will abstain from intercourse. That's not what I would want to do. But in the meanwhile yes.

Interviewer: But in the meanwhile these behaviors are there so you can be intimate with each other. Is there any other thing about vaginismus that you would like to talk about that has not been raised?

Participant: I think people generally are not aware of this. If you tell somebody that you have an unconsummated marriage for more than two months I think people will think why. And the most understanding people will say look you just have to relax or you know you just have to take it slowly, slowly, slowly, slowly. Nobody really understands this. I don't think 9 out of 10 this… 9-and-a-half out of 10 won't understand if you actually tell. My father is a doctor, my brother is a doctor. If I tell them I don't think they would understand. I have… my wife has spoken to her mother She doesn't… she hasn't got the idea. She hasn't got… we use the term vaginismus. I don't think they know what it is but still they know that we are unable to have intercourse and all these things but they still probably think it's more of a fear and just relax or take one or two drinks.
I really don't think most people know. I don't think people actually discuss this. I don't think you can even get help unless you ask the right people. I mean the fact that gynecologists don't know is really worrying. I mean that fact… the moment you think there's a problem the first person you contact is a gynecologist. Uhm I think more than 50% of them wouldn't give you the right help.

Interviewer: So you generally feel that this is not widely spoken about or known about. I assume when you first discover it, it is quite stressful for you cause you feel uhm… really alone… also in a sense quite helpless cause of the lack of information.

Participant: Exactly. You don't know who to speak to. I mean at one point I think there's nobody in this country, there's no special…I looked at the Wits Medical School in Gynecology. There's no person who's listed as a sexologist or specialty in sexual problems with women. There's absolutely nothing there. That's how far I could go. I mean then I went on to Pretoria Medical School. There's no-one I contact. We talked to uhm… doctors or we got you know the call centre for trauma care and all these things. They all so ok we'll put you to a psychologist. I call the psychologist, the psychologist says first speak to a gynecologist. Make sure the gynecologist… she's cleared of all gynic issues. And then come back to uh… so this is, this is more looked at a kind of a trauma side. You know where you go trauma counseling kind of things. And everybody speculates there must be some bad things that have happened where she was traumatized as a child. I know that could be a possibility. But to actually develop this without even having such experience I think it is really…it's really scary in the sense like you…. it's a high number.

Interviewer: So you feel like you really don't know what is happening, what's going on? You searched quite a few resources for information.

Participant: I literally typed the word vaginismus onto the internet. It's quite difficult to find… there are all those sexual treatment. The psychologist who does hynotherapist and uhm… nobody will say no they can't treat you. That's what a consultant would say. They will never say they can't treat you. They can't help you. But you realize… I mean the first like hynotherapist we went, apparently he's a famous one. Uhm the moment we explained he said like ja I'll just take your fear like a snap. You know he…eh I'll always get rid of all the fear as in terms in the dogs or animals and sort of things. Don't worry about all that. You know it'll go. It didn't. It just didn't.

Interviewer: So you feel let down a bit by that?

Participant: Ja, I mean I wanted to do whatever I could. I mean at that point in time what came to my mind you know it's a fear that developed in the mind because of the mind's process. Obviously you know you cannot do it. And what hypnotherapy does when it asks people to remember things is get it to their wavelength or there's a way you can interact with your thought process. So I was hopeful that that would work. I was kinda like. I was willing to spend any amount of money. Whatever I had. I couldn't put a value to it. So ja it was just a waste of time and money. Nothing happened.

They… mentioned something about Bodytalk. Bodytalk is like… I don't know if it's true or not but I have reason to believe it that's why I went. It's like a person can talk to their inner soul and find out what is the problem with the inner soul. That means if I've got this skill I can talk to you like' I'm talking to you now and then I can understand from you… maybe your soul is scared about something and then you can send signals or the way you talk then the soul becomes a lot more receptive. It's like… it's a kind of hypnotherapy I think. But they call it Bodytalk. Uhm… it's just sitting and talking. Uhm I had one person who firmly believed in that and had some benefit to that so I thought I can try that so I tried that. It… there's no visible improvement. I think she just able to my wife was able to talk to the person and…I wouldn't say it's no progress but it's not gonna solve the problem.

Interviewer: So you've really tried a lot of sources and each time you tried the result was not what you'd want. And you do feel a bit more disappointed.

Participant: I was thinking that my options are coming to an end. I really don't have much options. The last option I thought was… is like you know you can actually drug her or put her in some sort of a medication where she doesn't stress too much and then maybe try for a sexual intercourse. Once you realize that it's not that painful or doesn't according to her mind then try for like two or three times and she will feel that eh you know it's like once you feel that it wasn't that painful because her mind is also not functioning because she's under medication or drugs, that was… is my last option. Because she's just too stressful. She just panics like I'm gonna kill her.

Interviewer: So you both tried and I suppose the reaction is still there. Each time that eh… you feel that eh… you may have solved it and you back to square one.

Participant: Ja every time so… so it's like every time you go and come back from a treatment… before we go our expectations are like we say ok, is this gonna help and I also have to like motivate her. She needed to believe that she can be cured. The more we seek the lesser she thinks she got a chance. At some point she said there's no way she can be cured so she's just going for… because of me telling her to go. The difference after coming here is that she's been able to speak to people who've been cured. Uhm… talking to some people with similar problem. I think it'll help big time. It could even be the reason if she get's cured through this process could play a big role in that. Cause one needs to believe that. She… she at some point of time she think there's no… before coming here she said that we tried everything, it's not gonna work. I mean there's no medicine that she can take and you'll be fine next day. There's no operation that she can do and… and she literally has to do it by herself and because of her fear doesn't…

Interviewer: So you're saying to me that you were back to square one before coming here. And coming here you discovered other aspects to the treatment. One being speaking to other people who've overcome it and eh… you think that that perhaps created a new direction for treatment in the sense that your partner has to believe that she overcome it.

Participant: Ja I keep motivating her a lot of time… a lot of times I also lose heart in the sense like a lot of time I thought like it's not going to work. If she's like this it's not gonna work. So I can't… if I also put a negative face to it, it's just gonna make it even more worse. So… so I say like don't worry just… It will be cured. I don't know how but somehow it's not uncurable. There's no disease. You know it's not a disease or a… it's just sick… it's like a I don't even want to call it a disease it's like a… a phase where you haven't come in terms with the sexuality. So I think to keep her motivating is also very difficult because I would also feel torn apart a couple of times. I just think there was… there was nothing I can do.

Interviewer: So even though it's difficult for you, you feel that you have to keep up… keep some hope for her cause…

Participant: Ja, I think if I don't do that it would be more devastating. It's like uh… you both giving up. Uhm… I think it's like… it's about pursuing… I mean you keep on trying, trying and some time it has to happen. So you just… if this treatment doesn't work you go to another one. In a way you keeping your hopes alive. But uhm… what I think is this probably is one of the last options that I have. Like I said the other one is to drug her. But uhm I actually spoke to a Doctor about a recommendation how about she taking a sleeping pill or something like that and she… that doctor is a medical doctor, he said an anti-anxiety medicine might help but he's the one who actually recommended me to come here. So I've had a lot of… by speaking to E and to G, to other patients who have come out with the problem I have honestly I firmly believe this will happen. It will be cured and what I'm trying at this moment is to create that sort of belief in my wife as well. And she is now very… she's very optimistic about it because of the evidence that it's been done with other people. So… I think the more she becomes positive about it I think it'll help.

APPENDIX VII: TRANSCRIBED INTERVIEW: PARTICIPANT TWO

The participant is a white, Afrikaans male, age 39. He is casually dressed although comes across as tense and slightly volatile. He speaks plainly and expresses himself in lengthy, intense outbursts. An often repeated theme is him looking at media with sexual content and his wife's dissatisfaction with this. Towards the end he begins to speak angrily.

Researcher: Do you want to tell me how long you and your partner have been together?

Participant: Well, 18 years basically. Married for 13… yeah in July. So it's…13 ja.

Researcher: 18 years. Married 13 years.

Participant: 13, ja.

Researcher: And how would you describe your relationship?

Participant: Well we had our… (laughs) our differences, obviously went up and down. At the moment it's going very well.

Researcher: Ok.

Participant: So we working through things but our… uh there has been times that it didn't go that well. Had huge fights.

Researcher: Do you want to tell me a bit more about the circumstances or what lead to these?

Participant: Uh mostly uhm me I well normally it's things about sexuality. She's very sensitive about me going into anything she assumes to be or sees as a… infidelity meaning any type of books or pornography or on the internet or anything and this normally leads to huge outbursts and uh fights afterwards. Uhm which has been uhm blamed on the vaginismus, blamed on not having sex, has been blamed on anything you can thing of. So uh…

Researcher: When you say has been blamed by you or her? Which party?

Participant: Well basically when the fight starts it becomes a blaming thing. Uh I have said or that if things in uh sexual way is not uhm… if things are not going well at home obviously that uh leaves you open for some sort of uh… uhm… ventures outside. Or you would try and find problems for it or try and fix the problem by uh… ugh I don't know. You can't really put it on that. It's just a… you… you feel things are not 100% correct or working

well so you uhm you open… you need to be careful not to be sucked into the seduction of going to whatever, strips shows or any such things outside the marriage.

Researcher: Did you know that your partner had this difficulty before you became sexually involved?

Participant: No, not really no.

Researcher: And how did you come to find out about the situation?

Participant: Well uhm basically when you start petting around or becoming sexually active which is was close to the marriage we didn't really have sex before no or tried to have and there's just absolutely no penetration, absolutely no nothing. Not a finger, nothing, there's nothing. There's just… it's painful and it's uncomfortable and she chooses not to… not to allow it. So that's it. So when it came to the marriage night which is in a Christian environment this is the correct time for consummation or what do you wanna call it, then it just doesn't work. I mean it's just painful. It's just like raping somebody. So you just lose interest. You lose erection. You just stop doing it. I mean you hurting your wife so you don't do it, that's it. And uh… I mean you continue with some sort of manually or something.

Researcher: How do you understand vaginismus and where it originates from?

Participant: Well obviously at the moment I've been through 13 years of it so obviously today my understanding is much, much different than what it was… Your marriage as it was from the beginning. There is absolutely buggerall information on it. There's like zip. Nothing. I mean the internet wasn't used or existed or uh… number one. Secondly, if you go look for information there's just no information.

So what I understand at the moment it basically that due to something which can be medical, which can be falling… uh on her backside or something, or it can be uh due to molestation or something uhm psychological… uh basically just the what do you call it goes into spasm down at the vagina and you can't get in. That's just it. It's sort of locked up. It's one of the strongest muscles in the body… and uh that's it. It can completely shut off. That's basically it.

Researcher: What factors do you think has led to your partner herself experiencing this?

Participant: I have no idea. I think if I should think about sexuality in general, uhm I think the fact that the Christian religion puts so much… uhm well you

become guilty if there's any sexual experimentation before marriage. Uh… and that would definitely have an influence and uh because she was never molested or raped or anything. She never had anything negative experience really in such a way. So I can't say there was any physical abuse or anything and that led to that. So I must conclude that it must be some psychological thing which comes from beliefs and beliefs is basically your religion. Uh… and what, what religion expects of you. So that's part of it I think. I'm not really sure what else causes it.

Researcher: What impact has the condition had on you, yourself?

Participant: It's difficult and its' different at different stages of the race (laughs). Uhm obviously when we were married uh mmm it sort of uh… sorry this is not in my first language so obviously I'm looking for words a bit... uhm you feel disappointed. You feel disappointed that it didn't work out. Uhm I think that would be your first thing and then you… you sort of try a second time and it hurts again and then you try a third time and it hurts again and you slowly sort of start realizing that this is sort of not just gonna solve. It's not just gonna come right by itself so I would say if I must pick one word I would say disappointment cause this is basically what it comes down to.

I mean the whole world runs on this sex crazed advertisements, I mean everything is just based on how wonderful and how great and how fabulous this is gonna be and it's absolutely none of it. It's non-existent.

On some other stages I… you feel uhm you start feeling cheated. Uh… you start feeling what have I done wrong? Have I been uh… is it an act of God to prevent me form having this… is there any sin in my life… is there uh… is there some medical condition? Is there something she didn't tell me about? Is there something she forgot because it was traumatic? Uhm…. at some other stages you try and accept it, you sort of say what we have is ok. It's not that bad uhm….

We have three children which was basically… well just getting squirting sperm in there and she was standing really on her… on her shoulders… on her head. So and then she became pregnant. They were born by cesarean section. I mean there was there's absolutely no way that there was any intercourse. There was any uh… penetration if you will. Zip. Nothing. But she's pregnant. We have three beautiful children and uh… every time we get to something and tell them the first child was there, they say it's a miracle. When you tell them it's the second time, the second child's been born they say… you go to professional people, sexologist and you say we've got this problem, we've have two children how did you get your children? You know so you think ugh… you flippin stupid you, you the guy who's supposed to give me answers. Now you asking me the

questions. Uh… you know how did you become pregnant I mean uh… a virgin birth to me is, is the norm. It's not the exception. I don't have problems believing in the bible (laughs). It's just… it's just it just happened. And uh… that's I mean I don't have to prove it. That's medical what it is. Your question was how do I feel about it?

Researcher: The question really was what impact has the condition had on you as a person?

Participant: Uhm… I think at the end of the day because you feel things are not working uhm… you tend to feel free to go and explore different routes of sexual uhm… fulfillment. So you tend to be vulnerable and me specifically I uh… I don't know if it's abnormal or whatever but just to uhm… to look through a men's uhm magazine or something. This was this is completely unacceptable to her. Uhm… so this became very much part of the fighting and things. So what tends to do you ask what effect does it have on me? Uh… I tend to blame things that are not working for uh… saying yes but I've fallen or I've committed this sin of looking at internet pornography or looking at that because things are not going well at home... and she's blaming it on me. She says ja because you are looking at internet porn you lose interest and this is why it doesn't happen and I say it's not… I'm not losing interest because I'm not interested. I'm losing interest because it hurts you. I'm not a rapist. I'm not a flippin… guy that loves pain or giving pain to anybody else. A masochist or one of those freaks. Uhm… sorry they might be normal. They not normal in my eyes, sorry.

So the effect that it has it this continuous disappointment. They just uh… and then you start asking yourself, am I not expecting too much? Why does uh… ja this a… I would say continuous disappointment. Going into fights, going back into disappoint, going back into trying, going back into this doctor and that doctor's mistrust of the whole medical system etc.

Researcher: What impact has the condition had on your relationship with your partner?

Participant: Uhm… different… I would say different things… like I already explained we start blaming each other for the condition. Uh… secondly we try and blame it for other things that are wrong. If anything goes wrong uh… if she feels betrayed because I uh… uhm looked at nude pictures or something in a photographic magazine or whatever uhm… there's this whole betrayal issue. Uhm… because it's not working you tend to say yes but uh… I'm not betraying you. It's sort of because it's not working and she would argue but there's lots of other men cheating on their wives with pornography which she feels completely is the case uhm… which there's nothing wrong in their relationships. So that doesn't prove that I can cheat if you will because we have this penetration problem. Because I we have

uh obviously there is uh… ejaculation and orgasm and all this so… manually. So what exactly are you missing? You know why is this component so important? Why do you want (clears throat)… I mean if there's somebody that's lame or somebody that just can't have sex, they just impotent or something why do they… why's it possible for their marriages to survive and not ours? Why don't I just accept the fact… uh so these have all been… You must remember this was over a period of 13 years. So I mean we've sort of accepted and we've blamed, we've fighted, we've gone out of it. We've gone in, we've tried uhm… I don't know if that's really answering your questions. I mean there's I can go on for hours, the effect that it has (sighs). Ja… I don't know if that really explains it. You want me elaborate about it?

Researcher: Perhaps you could clarify for me a bit more. You said you use it to blame it on other things. Is that what you said to me? The first thing is obviously the fact that it had an effect on the way you relate. You also said something about you blame other things on vaginismus. Is that right? Is that what I heard?

Participant: Ja it's just sort of… it's all part of the sexual thing. I mean it's connected to a lot of other things. So if it's not going well financially it should of… you know… I would say she goes into like a spending spree or something. Now I would say you know because things are not going well between us she finds other routes of fulfillment by spending or something, and I would go off into this pornography thing or this or that and sort of use this as a scapegoat. Use this as a… at the end of the day when it really comes down to why did you do this? Why did you do this or that? It comes down to ja but the relationship is a mess. And then ok but why is the relationship a mess? No, but we don't have intercourse. No that's rubbish. And it's sort of this would be the arguments, to and fro. I would say well things are not going well because of this and she would say that's nonsense. You know why doesn't it just to work out? If I were lame would you just leave me? If I became lame now, if I because sexually incompetent or whatever would you just leave me? What does your… why don't you love me as I am? You know so this is what I mean by blaming it or using it for different things. Uh… it spread out to the rest of your system. It's uh… the way you behave I would think.

Researcher: Thank you, that's given me a clearer idea.

Researcher: What words would you use to describe the type of person you are?

Participant: Well, the opposite of assertive (laughs). I would say I'm uh… I don't know. I'll think about answers before giving them. I won't burst out. Ok now I'm telling you what I won't do. So take the opposite. I would say

sort of soft-spoken or uh kind maybe… uh… patient. I think those would be typical words to describe it. I think I would… I like doing thing in a team effort and uh… getting everybody happy. I don't like… I don't like arguments typically. I'd rather step out of it or accept the blame or something than to say you to blame.

Researcher: So you are saying you using the words kind, soft-spoken, patient. You always make everybody happy, so you mean appeasement?

Participant: Ja, I think that's what it means. I'm not 100% sure what that word means exactly.

Researcher: How would other people describe you and your partner, friends and family?

Participant: Ja the same. Uh… I would say.... oh... sometimes I would say… I don't know. The phrase he's got a small heart comes to mind. I don't know basically would try and… could easily be involved in other people's problems I think or be concerned. Don't know if that's explaining it really well.

Researcher: And your partner?

Participant: Mmm. Ja, I would say the same. But she would have problems. She would… rather have me being more direct. Uhm… if she can change anything I think. But she will describe it as this way I think. She would uhm… ja the indirect I think also comes to mind. It's just not that assertive.

Researcher: We've spoken a bit about how you became aware of the condition. Do you want to tell me a bit more about how and over what time period have you and your partner become aware of the condition?

Participant: Well, ok firstly when we married as I explained we tried and it didn't work. So after about three or four months of trying and being disappointed obviously as a male you don't speak to your friends about it. You just uh… try and hope that it'll go away or something.

Researcher: Can I clarify before you go on? You say to me that before marriage there was no intercourse and the first time you attempted it was on the night of your wedding. Is that correct?

Participant: Yes basically. There was some petting and uhm some what do you say… fiddling with your hands and stuff like that but not really trying for intercourse no. Uhm… so ja uh six months after the wedding she went for this operation which they say it's hymenectomy or something. They just

say ja the… basically the virgin doesn't wanna break. It's too tough. That's what they tell you. There's no… the word vaginismus is never spoken. Nobody says this word. This is not… this is not common knowledge. It doesn't exist.

You go to the gynecologist and he says no it's sometimes common to… to have painful intercourse in the beginning and he should do this operation and uh… why didn't you come earlier and why didn't you speak about this and this and that. So it's the whole blame thing all over again. And then you go for this operation and she goes through a lot of pain and this and that and uh… at the end of the day it helps nothing. Actually I think it drives thinks backwards cause now it's uh… she's hurt uh… physically. I mean it's painful. And you don't know where… how long to wait after the operation to try this again. And so you're uh… worried that it's not gonna work again so you lose interest. You lose your erection so uh… and then you slowly sort of start realizing that this is not gonna work. This operation's made absolutely no different. It actually in all honesty it uhm… it made things more negative because now there's the blame thing as well you know. I went for the operation, it's still not working you know… sort of what do you expect of me?

Uhm… ja so uh this carries on for a while and you have your fights and you have your ups and downs and then you try again. And then at a certain stage you go to the gynecologist again and I would say, please ask him or her if uh… there's nothing wrong. And she would say I'm not a freak, I'm not gonna ask anything. So she goes to the gynecologist and comes back and I would say why didn't you ask him? Why didn't you just say listen we not getting it right? And she would say, well I have asked him. And they would say something stupid like, ah men and women are really different and uh… sex is not that important for a women and uh… you are reaching orgasm and uh …They don't give you answer. Nobody gives you answer! There's nothing! There's nothing! Nobody on earth gives you an answer! Vaginismus is not a word that you can look up. You don't have this word. You've got nothing! You've got pain to work on, that's it. That's what you work on. So you're frustrated… the blame starts again. The fight starts again. Up down up down. This carried on for years and years and years until you either… I don't know walk out, cheat, come back, whatever! So uh…

Researcher: That must have been very difficult for you.

Participant: Ja, it has been difficult. I don't now if it's… I haven't been in a normal marriage so I can just say you know normal people have fights as well. So I can't say… yes it has been difficult. That's uh the truth of it.

Researcher: How would you describe your feelings around sex?

Participant: I would think I expected more. I expected uh better. The way the world is basically carrying on about it or the idea, the undertone that you have would be that this is… this is the ultimate. This is what we living for. I mean if there's a tv program and these guys are gonna die, they gonna be blown out the sky then last thing they gonna wanna do is have sex on earth. I mean on an Island you think about being there with a woman to have sex. I mean what the heck! This is what the world turns around! This is the idea that's given to you by the media. If you walk into a shop and there's car magazines, they've got half-naked women on the front. If you uh… if they photograph a beach they've got half-naked women on it. Maybe… maybe I'm looking for this more. Maybe… maybe that's the problem. If you asking me how I feel about it… but uh I feel we presented with a view of two people meet, they uh… see each other and that same night they jump in bed. This is what's shown to you on television, on films, on media, on the backpage of the flipping Sunday newspaper! Uh… so at the end of the day uhm… you've got this disappointing thing and you arguing with yourself, ja but how do normal… people with a normal relationship are actually going through the same wake-up call you know. That sex isn't what's presented for you. So you evaluate everything you think about is, am I just thinking out of my abnormal circumstances or are other people feeling the same thing. You… you… you compare yourself all time. You would evaluate every single thing is just... is just… is this just now me or is this normal? Is this… uh would I have felt the same way if I have been a traitor? I mean at the end of the day we've got everything else. Why do we need this? Why do we think this is gonna solve problems if we've got… maybe we've got personality problems. Maybe we've got… maybe we've got something else. I mean normal people divorce. Normal people go through problems of cheating and infidelity and thing like that. Why do we think we can blame our problem for that? So uhm… ja. Am I wondering off the point?

Researcher: No, you use the word normal quite a lot. I wonder, what do you understand by the word normal in the context of sex itself?

Participant: Well I had a few… experiences with girlfriends obviously before I was married. Uhm… so and normally if you, if you become intimate and you try and insert a finger there or something and it's uh… I mean she's wet and lubricated then it just… I mean it just goes in. That's it, there's no problem. There's no there's nothing stopping it. I mean it's wide open. So… this I would consider as normal. Uh… because if on six different occasions this was norm then I will accept that as normal, as a woman who is interested sexually and uh uh… it would be there won't be anything stopping you from uh… from entering. That's what I see as normal, if that explains it?

Researcher: Yes it does explain what you mean by that word. You've spoken a bit about how you feel you surrounded everyday by sexuality in the media and these ideas are constantly being broadcast to you. What effect do you think that has on you?

Participant: The effect you have is uh… I think for me I try to, to actually minimize this. So I stopped watching television almost completely. I mean there's no uhm… the fact that there's a… the cheating issue has been uh… I think we more sensitive to this… uh and I really don't know if this is the way. Like I said I don't know what the norm is. Uh… we've... uhm… I… many of my friends say they would page through a magazine and their wife would know about it and they don't have really a problem with that. As long as they don't go into slipping away at night and masturbating in front of the… uh x-rated movie or something. This is not a big problem or you know so women tend to be sensitive of other women but the… in our case I think it was the… it's much worse. I think it's I'm expected not to look at women per se, at all! So I would have to try and say is this because of the vaginismus? Is this because we feel that our sexuality… our sexual things are not working out well? Or is this just the type of woman I married? Is this just her personality? Would she… would we have had the same discussion if things were working well? So, to try and fix it you would just try and minimize uh… well basically going into things. You would just uh… if you know that you gonna you like… like my hobby is photography and if you go onto photography websites uh there will be a portion that will say nudes. That's sort of part of, of photography. So at the end of the day you would sort of have to be careful not to go into this because this is upsetting for my wife and the more that that gets upset, the more it becomes a thing and then it's a fight again. So now you would argue, is this a personality thing? Or is this a sexual thing? Is it uh… ja that's basically it?

Researcher: What is your attitude towards pornography?

Participant: Uh… the thing is uh… obviously there is there is… there is a attraction to nude women. Now you must think is this just you or do men in generally feel this way which it seems to, so at the end of the way you gonna ask yourself… I ask myself what is this doing to me? What is it in real life because the moment I sort of blame the fact that I don't have a normal sex life on ok but sometimes I want to look at these things. Why do I want to look at these things? You know well why is this uh… and you've, you've got the thing well what is the norm now? What is going on in other people's houses?

So the feeling about pornography at the moment, my wife is completely and 100% against it and the other thing is uhm now you start arguing what is… what is acceptable? Is it acceptable to on a… like I said a

photographic site to look at artistic nudes? If that isn't acceptable then you start saying well is it acceptable to look at a girl in a bikini on a beach? So if that isn't acceptable uh…then basically it's unacceptable to look at other women. Then you should sort of start closing your eyes.

I can't just argue what my viewpoint is because it's in the marriage it's what our viewpoint is. Obviously hers is much more strict than mine. Uh… I would say it would be ok if things are not … (sighs) well completely uhm if it's not messing up your lives, stealing your time, stealing your work. People get addicted to pornography. So they start going onto the internet when they at work. So they get warnings. You know some people have… were fired. So obviously there's a danger into… into doing this on a continuous basis. I'm again, I'm asking myself am I a pornography addictor, addicted? Or do… do I think I'm doing the normal thing but I'm blaming it on vaginismus? So it's sorta of walking a tight rope.

So if I must take a stand and I must say what do I think about pornography? I think pornography in general is wrong. Uh… watching hard pornography is… has got certain influences on you and your marriage and it's gonna stuff up things and at the least it's gonna steal a lot of your time which you can do something worthwhile. To go onto the beach and see a… a body next to you and think this is nice, I wouldn't think that would be wrong. My wife might disagree with me here. So that's basically what I… what I think about it.

Researcher: Do you own any pornographic material?

Participant: No, not at all.

Researcher: Are there any sexually related issues in your interaction with your partner that you are anxious about? You said to me before after the operation, the hymenectomy, you lost erection when you were not sure about when to try again. Are there any sexually related issues like that that you are anxious about?

Participant: Well at the end day we getting treatment at the moment but I mean everyday when you go home you thing uhm… you know is it gonna work tonight? Is it gonna work tomorrow? Is it gonna work at all? So uhm… it's like somebody watching their retarded child. I mean the whole rest of the world thinks this is not gonna get any better. Or they know it. You start thinking you know why was there a little bit of hope again you know. Why do we think this might work this time? What is different this time cause actually we just… it might just as well go back into… into the whole fighting issue again you know. Blaming each other you know. Why you pushing me for this? Why should I do this?

Things have changed in the last six months. She wants to do it uh… so your question was is there any sexually thing in uh…

Researcher: Are there any sexually related issues in your interaction with your partner that you are anxious about?

Participant: I don't want to hurt her physically. I don't want to physically rape her. So uhm… every single occasion that we become intimate you think should we try and have intercourse or should we just uh… well get to orgasm. That's basically the choice. So every single time you are intimate uh… you've got this shouldn't I have tried, this disappointment afterwards. You know this time was sort of … she was more turned on maybe it could have worked. Maybe we could've tried. Maybe we could've waited a little bit or this or that.

Researcher: When you say take it to orgasm it is for you, for her or for both of you?

Participant: For both of us. At the moment basically the closest you can come to normal sex is just having a lot of lubricating and uh and just uh… well… she just uh… what would you call it? You just do it there, on the outside. So she uh… just clamps you with her legs and uhm that's the closest you gonna get because there is lubrication. There is that sort of… sort of penetration (laughs). But you not actually entering her in anyway.

Researcher: How do you the two of you speak about issues around sex?

Participant: In the beginning this was… this was very difficult and this started a lot of arguments as well. Uhm at the moment we went through a change where we decided to… to let go of the past and everything that was in it. So uh… if I steer clear of pornography number one and uh steer clear of any other women or looking at them and uh that sort of helps to put her at ease and uh… ja we can discuss it. I mean what exactly do you mean by how do we discuss it? How do we talk about it?

Researcher: When the topic of sex arises in what way, can you speak about it freely, are you constrained by anything in speaking about it? How would you approach the subject?

Participant: Ja sometimes I think there… you always know in the back of your head that this is not… or you have this idea that this is not normal. So we've got this special case. Uhm it is sometimes difficult to speak about it because it uh… it can become a blaming thing but at the moment we sort of freely talk about it and we much more open about it… but there's a… it's still uhm strict in certain ways. You know the way that she believes that looking at other women is a big problem uh and she would feel if I do

anything of the sort this would be cheating on her and she would want to know, did I look at anybody?

So this has been a… it… it came to this issue. I mean we… we not discussing the real issue. We always going around the issue. We discussing pornography. We discussing did you cheat on me. We discussing other things we not discussing the sexual issue. Are we gonna get penetration? That's not what we talk about. We sort of accept that we not gonna get penetration and then we start… sort of working around it. How do you feel about it and this and that?

Researcher: What you have just said to me relates to vaginismus. Is that right?

Participant: Yes.

Researcher: When I ask about how you speak about issues around sex, I mean sex in the wider general sphere.

Participant: Ja I don't think there's such a big problem with that. I think there… we will talk about it and be open about it ja.

Researcher: How do you negotiate the issues around sex in your relationship?

Participant: Negotiate issues. What… how do you mean by negotiating issues?

Researcher: When you are discussing issues around sex itself, like what is on the sexual menu or generally how you both feel about a particular subject. You've discussed a bit about pornography. How you feel, approach the wider sexual issues in general? How do you negotiate what each other's standpoint is on a particular issue?

Participant: Mmm. I don't really know how to answer your question…Uhm… no I would think we would have a… I'm looking for a sort of a uhm… an example. If we look at a movie or something and there would be something in there would we… and she would say something about and you know this guy's well built or… and then we… we'll be able to talk about it. That's won't be an issue I think.

Uhm… uhm… what's on the menu you ask is a bit of a… we don't really discuss what we gonna do, or how we gonna do it or this or that… I don't think that… because we don't have all that options uh… of different positions or uh… different ways of doing it. You know she would uh… or just tell me you know go a little bit softer or a little bit harder with your hand or something. Uhm… but uh if I understand your question correctly I don't know we just discuss it. I don't think there's a big problem with that. I don't know if I'm answering your question exactly.

Researcher: I suppose what I really mean about the question is that sexual behavior is traditionally thought to be limited to penetration act itself. Now there might be other behaviors that you have thought about. How do you negotiate those sorts of behaviors? Or how would you discuss ways around the issue that you can't have penetrative sex?

Participant: Ja, ok uhm. Obviously this develops into… obviously if you're trying to penetrate uhm… it's well lubricated so I mean the next action of when you not going in you going past there. That basically becomes the sexual act, if you will. Uhm so uh… and if I that that will obviously bring me to a climax, maybe not her and for the rest of the time we'll carry on by hand or manually or… and which I understand to be the norm for normal people as well.

You must understand I didn't… I never in my life had a sexual relationship so I must think what other people do. I mean pornography doesn't give you the answer. I mean this is people screwing women. They don't show penetration as such, as from the act of getting turned on. There's no such thing in as getting turned on in pornography, so if you don't get the answer. You don't get the… how do women actually get from the point of being not interested to you having penetration? That answer doesn't exist. It's not there. Uhm you don't get it from pornography. You don't get it from sexual videos. You don't get this answer. This is like a blank black gap in your head.

It might be normal for other people to just think but why is this a problem? If you've never ridden… roden a bicycle this is it. You don't know how to ride a bicycle that's the end of it. You not… you can't think your way through it. You can imagine how it is and you can sort of think this is how it's gonna feel. But it's not there. So it's an imaginative thing. Uh… so you start… your question was how do you get around these things? How do you uh…uhm…

Researcher: Perhaps what I'm really asking you is how do you approach forms of non-penetrative behavior and how do you negotiate the issues around those.

Participant: Well… I don't know… well there… uhm…mmm. I still don't know how to answer you (laughs). Not penetrative sex? Uh… what do you mean by that? Like oral sex or like anal sex or is this what you referring to?

Researcher: If that's what you understand by it, maybe you could answer it.

Participant: Because if I think about sex I think about, yes intercourse through a penis and a vagina. Uh… she's not… she's definitely against having anal sex. I mean this is just sort of not well… we both believe it is not part of our religion and we don't do it so it's not gonna… we not even gonna attempt

that. So uh… but having oral sex for that matter is ok. We can go there. It's not a… but we won't do it every time. I mean this is sort of a … it's just a way of turning on or something. We not gonna have sex this way every time. This will be like 5% or less.

Researcher: Is that behavior initiated by both of you? Mostly by one party or uhm…?

Participant: In the beginning I think it was mostly me. I think she came out of a very… uh strict what would you call it… uhm background where these things were never discussed. So I mean I don't think she even knew it existed. Uhm… the fact that you could have oral sex or anything else. Uhm… so ja the first time we tried it, it sort of was a bit awkward and funny and you uh… you worried about smells and everything so you not… you uncomfortable. I mean it's like a new area that you go into. But discussion of it now is sort of open. We can… we can talk about it and I think it's uh… we just came to a point where we eventually accepted the whole thing. Not accepted, I mean we still want it fixed but uh we accept the fact that this is what it is and uh so if we feel like doing something ja it can be initiated from both sides now. And she would do things like that, yes. But that's after years and years of blaming and trying and I mean we developed from not even knowing it's there to this now ja.

Researcher: How have you and your partner managed the issue of vaginismus in your relationship?

Participant: Well, obviously as I've explained we first went to the gynecologist and this is the people you talk to. I mean we… and they can't help you to be quite honest. You feel like nobody can help you because they don't give you an answer. The first one did this operation, it helped nothing. So we went back and uh… he gave us this glass tubes and he said ok she must try and insert these glass tubes. Uh… but with I don't know. He didn't give us that much more information. So she tried it once or twice, it didn't go in. It was painful so she just took it back to him and said listen it's not going to work, it feels awkward. It just uhm… ja I'm not gonna carry on with this putting glass tubes into my vagina. I must this is not normal. This is not… this is not natural. So that just stopped. So we go to a new gynecologist which is a woman, and she sort of says ja oh well uhm… I demanded to see her. I made my own… uhm I called her for what do you call for a… ?

Researcher: Appointment?

Participant: Ja appointment. I made my own appointment with her gynecologist. I said I want my appointment with her gynecologist! She can charge the medical aid for it. I want to know what is wrong! I want to know what's going on because my wife doesn't feel free to discuss this and you not giving us any answers. So uhm she said ja she's small built and this and that and there is

something. I think she used that word the vaginismus thing. That was sort of a one-off word which was used somewhere in some dictionary somewhere back in the 1900's and nobody knows what it's about. So if we don't come right with this we should go to a sexologist. So we go to the sexologist and what he does is uh… he almost falls over backwards. He never heard in his life about people having children uh and uh we sort of such an extreme freakish case and you immediately feel uncomfortable with this guy. I mean he uh wants to… sort of call in the media you know. That's the idea you get. So what he does to treat us, is he gets us into this office and he puts on one of these sex videos and uh…uhm which shows a woman actually masturbating. So what he's thinking or what we thinking he's thinking is we don't reach orgasm because that's what he's actually explaining by his video. Now my wife feels completely uncomfortable because there's two men sitting there looking at her showing a woman masturbating on the screen. I mean this is… this is the way we get treated. So we left uh we didn't go back and it didn't help anything. Uhm that was it. He showed us the video about the woman masturbating. So that's how we gonna solve this problem. So we go to the next gynecologist which is also a woman and she says uh ja well uh I know there is some treatment but I can refer you to another sexologist and this carries on, for years and years and years. That's it. There's no information. Nobody helps you. Nobody gives you anything and you just, and you just carry on. That's your part in life. So…

Researcher: And that's how you feel you've managed it?

Participant: Well we didn't manage it obviously. Uh… we stood on separation or divorce twice or three times throughout and every time it's uhm it's about other things. I mean it's about fights. It's about uh money matters. It's about other things. You can't say because you have vaginismus I'm gonna leave you. I'm not that direct and maybe this… I don't know this is why you don't get it fixed or… I mean you sort of maybe I'm just, my personality is just a little bit beating around the bush you can call it, it's not that direct. So uhm… so I would say ok, I accept you like that and let's carry on. We not discussing this any further. It's not working that's it. That's the end of the story. What… that's it. Do you want some coffee?

You understand? You not getting that handle! The people that's paid to do this, cannot help you. You cannot help yourself. You go to the church, they pray for you. That doesn't help! You go to the doctors, they send you from one doctor to the other doctor. That doesn't help! You go to a gynecologist. You go to a sexologist. That doesn't help! There's no help! Nowhere! Nobody can help you! That's it! That's the end of the line.

So at the end of the day she saw this article in the Sarie and she phoned E and she said come in and now it looks like, well there's one person on

planet earth that has heard about vaginismus and that can actually treat this.

So you are frustrated up to your wits end and nobody just pulls up their shoulders. Everybody… and men generally don't discuss this. So you don't discuss it. You just carry on with life. This is how it is. You fat. That's it. Face it. Go on. You've got vaginismus. That's it. Go on. What are you supposed to do with that? You understand? You… you frustrated because there is no information. You feel there's no information. Because you can search for it on the internet… what you get there is ja, vaginismus is a spasm in the vaginal area and uh normally it comes from some sort of a sexual molesting or something or something. It can be treated or this or that and uh ja that's the information you have. So now what do you do with that? Put it in your ear?

Researcher: What has brought you for treatment at this stage?

Participant: Well like I said she saw the article in the Sarie which explained women going through this and actually getting treatment. So we saw that there is this one… there was this one place that actually got somebody treated. So she phoned the number and we came in and now it looks like there's some results because we actually working on the problem. Uhm..ja.

Researcher: What do you hope to get out of the treatment?

Participant: Uh well what I assume to be a normal sex life… uh which includes penetration. Uh which includes becoming one. I mean uh if you read the bible it says becoming one. If you uh think about having sex you think about penetrating. So it feels like there's some consummation of the marriage. I mean we not married technically if you want see it that way. If you in this position you don't know what to think about yourself. You think of yourself as… as abnormal as uh somebody that should be in a wheelchair. That should be treated. That should be… freak. I don't know what… what do you want call it (laughs).

Uh… your question was what do we expect of getting at it? We expect of getting normality. We expect of getting a… a sexual relationship in a marriage is what it supposed to be. I think that's the shortest I can put it.

Researcher: Ok. Is there anything that I have not asked you in these questions which you feel you would like to speak about?

Participant: Uhm… I don't know specifically if you… I want to say. Maybe I have said it. The frustration of not being able to get any help anywhere. The lack of information. I mean there's… here's what 200 books plus on sex and you feel like you can open any one of them. There would be a subject

on uh… sexual problems. It would have the… it would have premature ejaculation. It would have the woman not reaching orgasm and it would have the guy uh losing uh… erection. And it would have a small piece on painful intercourse which it would have two departments, one would be the hymenectomy. In the beginning you should get your virgin cut by a doctor and the second would be this, vaginismus where there would be two lines of information, three lines of information. That's the idea you have. So the lack… the absolute, absolute lack of information. Of somebody telling you to go somewhere. They should make a billboard, somewhere in the middle of the town which says if you haven't had penetration please come here, we can help you This is how I feel about it. It should be advertised, it should be… I mean you can go HIV treatment. You can go for flippin anything in life that you think about. But where do you go for this? Ok we found it now, after 13 years of hell. That's how I feel about it. So the feeling part, the frustration part, the how do I fix it part. Because it is fixable. It's not like, ok I should just accept this and carry on. That's what I want to bring over.

APPENDIX VIII: TRANSCRIBED INTERVIEW: PARTICIPANT THREE

The participant is a white male, age 39. He is short in stature, dressed in worn jeans and a faded shirt. He appears nervous, slightly ill at ease and gives off a sense of being rushed. Even though the interview begins at 8:30am and should only last an hour, he mentions several times that he has to be back at work by 10:30am. I reassure him that the interview should not take more than an hour and in fact it only lasts about 23 minutes. Throughout the interview he is very businesslike, continues to sit stiffly, maintains little eye contact and gives short, abrupt answers.

Interviewer: Do you want to tell me how long have you and your partner been together?

Participant: Together? We've been together since 1994.

Interviewer: That would make it about 12 years almost?

Participant: Yeah, more than 12, 12 and a bit, yeah.

Interviewer: And how would you describe your relationship?

Participant: We've got a good relationship with one another. We… well been married now eight-and-a-half years or so.

Interviewer: So you dated for about… three-and-a-half years.

Participant: Three, more or less yeah.

Interviewer: And how did you meet each other?

Participant: It was via a uhm mutual friend. A friend of mine, uhm his wife taught at the same place where my wife taught. And it was a blind date basically.

Interviewer: A blind date…

Participant: Blind date, yeah,

Interviewer: And how did that work for you?

Participant: Yah it was fine. It was nice.

Interviewer: In terms of describing your relationship. Do you want to tell me a bit about how you interact? Who makes decisions? How decisions get made?

Participant: Uhm… it's difficult to say exactly. I'd say it's between both of us. It depends you know what it is or… Yah it's between both of us. There's no steadfast somebody makes decisions, somebody else doesn't, no.

Interviewer: To use an example, perhaps decisions about holidays… would you both do it? Is it 50/50?

Participant: Uhm… my wife normally, I don't mind mentioning her name?

Interviewer: No, sure it will be omitted.

Participant: No she, yah she… for example holidays, she's the one who would initiate it more than I would. I look at the prices and say that's not good. That type of thing basically. Uhm… mind you the last holiday we went on that was my idea, so it ugh it varies, but in terms of holidays, more so her, yeah.

Interviewer: Would you give me an example of something where you would take the initiative?

Participant: Uhm… where I would take the initiative. Uhm… I don't know I mean. Uhm… (long pause)

Interviewer: It's difficult to think of something offhand. We'll come back to it if you like. Tell me a bit about how you understand vaginismus and where it comes from?

Participant: My understanding isn't that large or that big at all. Uhm… basically what I understand is that the vagina-well isn't… well there is a muscle that isn't opening it fully. Uhm yeah that's the basic understanding that I have of it. What's the other thing? Where it comes from?

Interviewer: Yes, how it originates.

Participant: It's eh… well its due to previous things that have happened. Uhm… and well with the muscle not being relaxed and uhm…yeah well basically what I yeah understand it's from previous - previous experiences and things like that, that's what causes it not to open.

Interviewer: What type of experiences?

Participant: Well bad sexual experiences or… uhm…

Interviewer: I'm not really looking for a theoretically correct answer, just how you understand it.

Participant: Well yeah I know, just how I understand it. Uhm, yah basically, well basically bad sexual experiences. Uhm…and yeah there was child abuse with my wife. You know things like that. I'm trying to think. I've looked at it with my wife. There are more things to it.

Interviewer: What factors do you think contributed to your wife developing vaginismus?

Participant: Uhm… the abuse.

Interviewer: Primarily?

Participant: Primarily yes.

Interviewer: Is there anything else that you think perhaps contributed to that?

Participant: She was in a relationship before, before I knew her even and uh they had sex in that relationship and she wasn't happy with it, and I think that related to it as well.

Interviewer: She wasn't happy with the relationship or she wasn't happy with the sex.

Participant: Well at the time she said the sex was nice. It was enjoyable, but it was more… it wasn't coming from her heart. You know she wasn't totally there with it. (Laughs) Huh uhm bad explanation. Uhm… that it… that that was the primary function of the relationship. It was around sex basically.

Interviewer: Ok, so you are saying to me, if I understand this correctly that her previous relationship revolved around sex.

Participant: Yes, primarily around sex. Look I mean it's not like I'm saying it was a wild sex thing or anything like that. But you know from you know from what she said, you know from what we've discussed that's what… that's what was happening there.

Interviewer: Ok so you two discussed it and based on your discussions you think that that relationship may have contributed to her developing the condition?

Participant: Yeah, that yeah.

Interviewer: What impact has the condition had on you and your relationship?

Participant: Uhm… well it… I don't know. It's difficult to say. I mean uh… I don't it, hasn't I mean we still have a sex life. I mean it's not uh… I don't know.

It's impacted like more in terms that uh… we haven't managed to have children yet. That's the largest thing.

Interviewer: So in terms of conceiving, childbirth. You haven't managed to have children.

Participant: Yeah.

Interviewer: And what about your interaction with each other?

Participant: I don't think so. I don't think so… no. I… I don't think so. My wife might say otherwise, but I don't think so.

Interviewer: So you currently think your interaction has not been affected besides obviously the factors that are directly affected by vaginismus?

Participant: I don't think so, no.

Interviewer: What words would you use to describe the type of person you are?

Participant: What type of person I am?

Interviewer: Yes.

Participant: I don't know. Uhm just briefly a good person.

Interviewer: What words would you use to describe you?

Participant: How do you mean?

Interviewer: Well… if I describe myself I might say crazy, a bit funny… very open to people etc. What adjectives would you use to describe the person you are?

Participant: I would say a good person with good values. Uhm… with a sense of humour uhm… yah. No, a decent person.

Interviewer: Ok. Any other adjectives that spring up?

Participant: Generally quiet. Uhm… yah generally quiet, depending on whose company. I mean friends that I've had for a long time it's different. Uhm… generally quite level I don't know.

Interviewer: How would your friends describe you? What words would they use to describe?

Participant: Eh… I don't know. No people can't describe me well. Uhm…

Interviewer: If your friend was to describe you to someone else. Take the blind date, obviously someone would have set that up. How would a friend have described you to your wife?

Participant: I was actually there. I was listening on the telephone. (Laughs). I don't remember hey. Uhm… no I dunno. At our wedding my wife's bridesmaid said she couldn't describe me. She said C is C. You know you can't describe me.

Interviewer: How would you like to be described?

Participant: Well as I say a decent person with decent values and that sort of thing.

Interviewer: How would your wife describe you? Your wife, how would she describe you?

Participant: Uhm as a good person. As the best man that's… a decent person, a loving person.

Interviewer: Ok. Tell me over what time period have you and your partner become aware of the condition?

Participant: Uhm it's more recent. Uhm… the first time it must have been a year and a half ago, something like that.

Interviewer: Ok. Under what circumstances did you become aware of it? You say you've been together for about 12 years and were married eight-and-a-half years.

Participant: Eight-and-a-half years. Eight-and-three months, four months almost. Well when she went to her gynecologist her gynecologist said to her that she thinks that she has vaginismus. I mean neither of us knew about it or anything.

Interviewer: And in those 12 years have you had sexual intercourse?

Participant: No, not intercourse no.

Interviewer: Ok, so under what circumstances did you become aware of it? Do you want to describe the situation and how it took place or perhaps uhm… give me just a broad description of the time it happened and how you felt around that time?

Participant: As I say it was when she went to her gynaecologist. Uhm… I didn't know actually. It wasn't a shocking thing to me or anything. I didn't really take note too much what it was, that it was a serious problem or anything like

that. It wasn't, yeah I didn't see it as being a big problem or anything like that.

Interviewer: So you've been together for 12 years and married for eight and three months. In that time had you had penetrative intercourse?

Participant: No, no no.

Interviewer: How would you describe your feelings around sex to me?

Participant: Uhm well it's… yah well it's uhm… you know sex it's a loving thing between two of you. Now I don't see it as the be all and the end all of that's what it's about. Uhm… and I don't see intercourse as you know as being everything. It's uh you know we have a lot of intimate moments together. Uhm I uh… yah to me that's in a sense that's not enough but it's fine. It's not… it not that one has to have intercourse that it you know. Uhm… yeah.

Interviewer: Are there any sexually related issues in your interaction with your partner that you are anxious about?

Participant: Sexually related?

Interviewer: Issues, yes.

Participant: How do you mean?

Interviewer: Well let me say the question again and perhaps I can rephrase it for you. Are there any sexually related issues in your interaction with your partner that you are anxious about? Do you want me to rephrase it?

Participant: Yes.

Interviewer: In your intimate behaviour with your partner, are there any issues or any anxieties that you have around sex itself?

Participant: Mmm… yah, but I say it because I do. If we for want of a better word fondling or whatever that I may ejaculate to quickly and then it's uh… you know the fun's over for a while. Uhm… yah that yah.

Interviewer: Is that premature ejaculation?

Participant: No, it's not cause it doesn't happen all the time. It's not uh it's not… premature ejaculation, but uh that can be my biggest… you know I'd say that's… you know you having a good time and I feel that I'm gonna cum and then I know it changes the whole thing.

Interviewer: What makes you anxious about that?

Participant: Well just for the fact that it changes the whole… the whole situation. I mean that I can't attend to my wife as I'd like to. Uhm… and in a sense it basically ends the... doesn't end it but uh… in a sense it ends it you know you've got to clean up etc that type of thing. It's uh…

Interviewer: Is that the anxiety?

Participant: Mmm, yeah.

Interviewer: And how are issues around sex spoken about in your relationship?

Participant: Fairly openly. Yah openly it's not a… not a problem

Interviewer: Do you want to elaborate on that, perhaps?

Participant: I don't know… uh… issues are spoken about. Ugh… I don't know really.

Interviewer: And how are issues related to sex negotiated in your relationship?

Participant: Uhm like I explained earlier my wife uh… she only found out late in her life that you know she had been abused that type of thing. So I basically, I haven't I've left most of it up to her. Generally speaking I won't initiate, not that much, that type of thing so I can say that I'll leave it up to her more than anything.

Interviewer: She will initiate the behaviour?

Participant: To initiate it. Not… I won't say all time but to initiate anything happening or uh… you know how much or that type of thing.

Interviewer: You said she become aware of the abuse late in her life. Was that during the 12 years that you were together?

Participant: That was once we were married. Uhm… it's basically, basically uh four-and-half years ago, something like that.

Interviewer: Ok, and how did you handle that situation?

Participant: At first I didn't want to, I didn't want to believe it for her that it had happened to her. Uhm I just didn't want to believe that it happened. Uhm… but I never, I never told her no it didn't happen, you talking shit, anything like that. So yah I took it like that. I didn't uh… I didn't uh… how can I say, take – I didn't explore it with her or anything like that. I left it up to her.

Interviewer: And what feelings did it give rise to in you?

Participant: Well, a lot of hatred towards the person cause I know who it is. Uhm and I'd say a lot of hate (laughs). Also to her family – parents for not supporting her. Uhm… yeah it's just it was feeling of anger not towards... towards… towards…the person, not towards my wife.

Interviewer: Towards the perpetrator?

Participant: Yeah.

Interviewer: How have you and you partner managed the issue of vaginismus in your relationship? You say you only found out about it a year-and-a-half ago after your speaking to a gynaecologist.

Participant: Yeah, not much was done about it until… recently she came here. It could only be about a week ago. Uhm no, actually prior to that we had tried to find out. Not really me, I'd say my wife had tried to find out some information of what to do. Uhm… we haven't really done much about it. What… what was the question how do we handle it?

Interviewer: How have you managed the issue of vaginismus?

Participant: Uhm… oh fuck I… I don't know. It's difficult uhm I … my wife's managed it. Not me really speaking. I mean she made the effort to come her. Uhm and then she's got the exercises that E has given her uhm… you know it yeah you know, you know she said we must do something together whatever that's so I have no problems to help generally.

Uhm she was very grateful about the fact that I was coming here. You know it's not a big deal for me to act, you know what I mean? But that was a big…uh it was a big thing for her. But uh just straying off a bit but uh… you know I'd say most I haven't done too much about it. Uhm… I mean we've got that book that E gave us. We had a look at it. She's looked at it much more than what I had. But I haven't, I haven't done that much about it.

Interviewer: How has it affected how you see yourself?

Participant: I wouldn't say… I wouldn't say that.

Interviewer: Uhm you wouldn't say… you wouldn't say it has affected you?

Participant: Affected me, how I see myself?

Interviewer: Yes, so the question was how has it affected how you see yourself?

Participant: I don't, I don't know. I don't think so.

Interviewer: You don't think it has affected you?

Participant: I don't think so, no.

Interviewer: Can we come back to question number 2? How would you describe your relationship with your partner? I wonder if you can perhaps just give me some words that crop up when you think about your relationship with your partner?

Participant: Ok, happy that's a simple one. Uhm… uhm… I'd say happy. We're happy together. We enjoy one another's company. Uhm we have a loving relationship. Caring.

Interviewer: Ok, so we've spoken about obviously vaginismus. We've spoken a bit about the impact or if there was any at all. We've spoken about how you've managed the condition of vaginismus itself. If I could perhaps ask you about your own history, before you met your partner, had you been with anyone else?

Participant: In terms of a girlfriend or… ?

Interviewer: Well, generally.

Participant: She was my first girlfriend I was 25 at the time and she was my first girlfriend. I had been with other women but nothing serious, not eh… no nothing serious. But she was my first girlfriend – I married my first girlfriend basically.

Interviewer: Ok, is there anything that I have not brought up in these questions that you perhaps want to talk about related to vaginismus? Any issue at all.

Participant: No, I don't know uhm… no. No, not really no. I don't know I don't really know enough about it or I don't know.

Interviewer: Your wife came to see E last week. What is it that you both want to get out of coming to see her? What do you both hope to get out of that?

Participant: That we can have intercourse to have a child. That's my main thing.

Interviewer: And related to that what is the reason that prompted you both to come now?

Participant: How do you mean to see…?

Interviewer: To see the doctor.

Participant: Well as I say it was my wife, it was her decision. I mean I didn't even know she'd came here the one day. She told me afterwards. Uhm… it's just the fact that you know what we've said – we've also said no… this date or whatever we'll be able to have penetrative sex on that date you know but nothing's really happened. It uh… it took some time to actually realise that there's a genuine, not a genuine problem, there's a physical problem in the fact that eh you know the vagina's closed up. Uhm…

Interviewer: Ok. Well thank you very much. Is there anything else that you would like to discuss with me?

Participant: Uhm not really, I mean uh… I just thought I could tell you that you know I don't think it's embarrassing that I'm in a relationship and I haven't had intercourse or anything like that and you know in a sense it would be a good thing if the public were aware of things like this. Uhm… I don't know if one looks at the (omitted) case or whatever he saw the woman and had to have sex with her. I just think that… that's nonsense. It's uh… you know that uh…you know it would be better if males knew about that and respected a woman.

APPENDIX IX: TRANSCRIBED INTERVIEW: PARTICIPANT FOUR

The participant is a well-dressed and articulate, 27-year-old white, Afrikaans male. He appears relaxed, maintains eye contact and speaks slowly and assertively. He is forthright and open in answering the questions, although he becomes a bit coy when discussing intimate issues.

Interviewer: How long have you and your partner been together?

Participant: Six-and-a-half years now.

Interviewer: Six-and-a-half years, and is that the amount of time you've known each other?

Participant: I've actually known her for a year or so before that, but actually didn't know her very well. So six-and-a-half years…

Interviewer: So you knew each other for about seven-and-a-half years?

Participant: Yeah. She's actually one of my best friend's sister. So I knew of her but actually didn't get to know her. It's six-and-a-half years now.

Interviewer: So it's one of your best friends' sisters? Did you meet her before the seven-and-a-half year period?

Participant: I knew of her before then. But uh didn't really talk. Just screamed at each before then. We had a year-end function and she was organized as the date for one of the other colleagues and I met her through that and then yeah. We started dating. So yeah.

Interviewer: So let me just clarify. You've been together six-and-a-half years. You knew each other or had spoken seven-and-a-half years. In the entire time that you have known each other how many years would you say you've been together?

Participant: Probably about seven-and-a-half. Yeah.

Interviewer: Ok, and how would you describe your relationship?

Participant: I think it's quite a healthy, quite a good relationship. I think… we've just been married to each other. We're both each other's best friends… so yeah. And we're quite happy. Two-and-a-half year's marriage now and we still feel like yesterday when we got married. So no major problems, so yeah we quite happy.

Interviewer: Did you know that your partner had this difficulty before you became sexually involved?

Participant: No, no we didn't. I only realized that… uh we only realized there was a problem on our honeymoon and then we only realized that there was a condition about eight months after that so we… yeah. Didn't really know beforehand.

Interviewer: How do you understand vaginismus and its origins?

Participant: It is quite… origins can vary, I assume from patient to patient. Uhm… I would think that in some cases… it's probably a combination of psychological and uh physical things. I think its probably more 70% more psychological that they… eh tighten the… vagina, the tube of the vagina so that there's no penetration. And I think that it is 70% psychological. Why that is I… uh I don't know. I would assume that it varies from patient to patient and from person to person. And my wife specifically, I don't really know why she has this condition. She doesn't know. We tried to trace it back. There's no history whatever to tell us so. But she's got this condition now and it's just to get past those psychological barriers.

Interviewer: My next question was actually going to be what factors do you think may have contributed to your partner developing vaginismus?

Participant: I don't think there's a specific one. I mean there's no molestation or anything like that in the past. Maybe a bit of a conservative upbringing but then again so are most of us. And uh… basically a Christian background. I'm not sure but still… there is a fear for sex. I mean we tried to, but we can't really pin it down to say this was the cause for it. So… I don't know that answer really.

Interviewer: Could you elaborate for me on your understanding of vaginismus itself?

Participant: As far as I know it's, like I said it's the narrowing of the vagina so that there's no uhm penetration. Uhm… we've heard so many descriptions of it and uhm reasons why it's been done. Some of it is psychologically and soon as… everything can be fine. As soon as it gets to penetration then that tightens up and that's just… it's my understanding that's just a mental block of the person-my wife. And can't really understand why that is and why that happens.

Uhm… it's basically my opinion is a big psychological thing and can be contributed to by lots of factors and I don't know why. It can have a physical eh… effect as well. Wouldn't say defect but for lack of a better word now, like I said it's 70% psychological and 30% physical we've found. Uhm… and it's just a condition where for some reason women are

just scared for penetration for whatever reason and that's why they tighten the, or they unconsciously tighten the vaginal channel and that channel and that's why there can't be any penetration. That's my understanding.

Interviewer: Following on from that. What impact has the condition had on you?

Participant: Uhm. It didn't have… it had an impact but…. uhm we both come from a very christian background so I don't believe in uhm... I believe in working things out. For me it's more important to have a friend and be married to someone who I'll be 80 years old with and sit on a chair, a rocking chair with and still have a good chat and be a soulmate than still just focusing on sex. Obviously it not being there… I don't put that much importance on sex and we just work ways around it, how we going to stimulate each other. It had an effect but we have ways of working around it. So I wouldn't say… that's why it's not breaking up our relationship at all. I mean it has an effect obviously, but at the moment we work around it. If we can get it right that'll be first promise but uhm… yeah to me if we can never get it right and if there wasn't any schools or courses like these it wouldn't bother me. You know I love my wife. Sex I just see as an additional part of marriage, not the essence of marriage.

Interviewer: I'm not getting a clear understanding of how it's impacted on you and if so how?

Participant: I think obviously it's had an effect. Uhm… you always wanted to... If you're married you always want to have sex with your partner and that's probably the icing on the cake almost if you look at it that way. So not having that. It's had an impact on me not to have it. But we have ways of working around it. So it did impact me in a way but it wasn't a deep impact if you can put it that way. It didn't have quite a substantial impact and it didn't change my life dramatically. It's just something that we have to work with and work around with.

Interviewer: I wonder has it affected any behavior from your side and what feelings it have given rise to?

Participant: Uhm… the only thing, way that it has impacted me on feelings is… like I said I still love my wife and because I don't really see it as the essence of marriage I'm not really angry or anything like that, nothing at all. Uhm… I mean probably a little bit disappointed. Obviously we'd like to have sex and that… have kids eventually. But it didn't have that big effect. The uhm only major effect it had was where we… where we… well… when our sexual relationship you can put it that way, where it was natural previously it became a little bit more mechanical now. Because we know it's a problem now where we know to do it this way or do it that way… and things like that. So it become a little bit unnatural, the whole sexual

experience than it was before we knew about the condition if you wanna put it that way. Previously when we just started kissing it was just fine and now we know that actually you have to do that and you have to do this and careful with this, so it became a little bit mechanical and that's probably the only change or effect it had and hasn't had any other material effect.

Interviewer: And what impact has the condition had on your relationship with your partner?

Participant: Uhm… we fight… we used to fight about it. Not in a bad sense but we uhm… basically after we realized she had this condition and we went through the course… uhm because I'm a bit laidback and she is someone that wants things done now uh… we had to do all these different exercises and I wouldn't really push for her to do it and she would wanna do it and get it right now. So that affected us and we had a bit of… a couple of fights and it has affected us in that regard. Other than that it's just like I said the mechanical bit and in a way it actually brought us closer. Cause we now have this problem and we work together instead of… it's not a breaking point in our relationship. Instead it brought us closer to each other. In a small way it actually brought us closer to each other and ... uhm.

Interviewer: What words would you use to describe the type of person you are?

Participant: Uhm I'm probably a realist. Like I said laid back. Uhm… open minded and probably pessimistic Yeah. Uhm… really happy go lucky guy, you know. It's difficult. Hate things like that. Are there many more of those questions? (Laughs).

Interviewer: How would other people describe you?

Participant: Probably the same. Uhm… I'm also very trustworthy so I think they or I would hope they would say I'm very trustworthy and I'm a reliable friend to all my friends and colleagues. Yeah… I'm not a very stressed person so yeah. Well hopefully they'll describe me as a nice guy, yeah in general. Well hopefully…

Interviewer: And your partner? How would she describe you?

Participant: Uhm hopefully the same. Uhm nice… and hopefully helpful and a cool and wonderful husband I hope. (Laughs) You can ask her. But yeah I would think so, hope so. Yeah, we often say that we are each other's best friends so yeah.

Interviewer: Ok, can you give me more of an idea of how she would describe you?

Participant: Probably the best thing that every happened to her. No I'm kidding. Uhm… she'll probably say I'm her best friend as well as her partner as well as her husband. Uhm… someone she feels safe with and someone she knows that cares about her and that loves her a lot. Yeah that's probably how she would describe me.

Interviewer: Would there be a dark side perhaps…?

Participant: Uhm… yeah. I'm always late. That's probably the dark side she'll use. And… I do not know but probably corresponding with that is that I don't plan very well so yeah. Always just leave things to the last minute. So that's probably the dark side I imagine she would use. Personally I hope there's not too many dark sides, but we all have our bad habits.

Interviewer: We spoke a little bit about the next question, which is over what time period have you and your partner become aware of the condition? You've spoken a bit about your honeymoon and perhaps you can elaborate on that and tell me the time period and the circumstances in which you became aware of the condition.

Participant: Well we tried to have sex on our honeymoon. Uhm we couldn't get it right. Didn't think much of it at first. Just thought ah well it'll take time. We tried to do that for a couple of times and it didn't seem to work. We went to see the gynecologist and he said there's nothing wrong, she must just relax and yeah I think he prescribed some tablets for us and we tried again and we just could never seem to get it right. And I never wanted to force myself on my wife so you know we just got to that point where we couldn't actually have sex.

And I'm not sure I can remember, I think her mother. We asked her mother and she actually got hold of a lady who's a sex therapist and she actually told us of this condition called vaginismus and we actually went to see her when we came back. I think it was about eight months after we got married. And we went to see her… well first my wife went to see her and then I went to see her with her and she gave us some literature and spoke to us and gave us some exercises to do on how we could improve it. And in all fairness we didn't do the exercises that often as we should have. We did it on and off uhm and we struggled on just for about a year-and-a-half now and so yeah. We came to see E now just to get a fixed program and I think our worst problem at the moment is we don't keep to exercises and things like that, so yeah.

Interviewer: Was there an impact from the advice or sessions with the first therapist?

Participant: Definitely. Cause … uhm my wife couldn't use a tampon and after she did some of the exercises and uhm probably I think about two months after

she did the exercises she could use that. And that was really good for her personally. She felt happy and I saw that as a big improvement for her. Yeah that was definitely, that was a major improvement since we know about vaginismus because she could never use it before. So that was a good thing.

Interviewer: Were there any other effects or changes from the therapy itself?

Participant: Uhm well just saying that there's a condition and it is a condition. That obviously had an effect. It was something we could work on and we had to be patience about it. Like I said it brought us closer. Uhm… but then again I think the negative effect of that was I think after we saw the sexual therapist it became a bit mechanical as well. So in a way I wouldn't say all was fine. In a way you lose a bit of a spark. It was all mechanical and we had to do it this way cause you get used to doing all those exercises and even when it comes just to doing normal caressing and things like that it would still be very mechanical so that's probably the negative impact it had. But there has been some improvement and where we used to struggle much more previously, we can do much more advanced things. Let's put it that way. So we did see some improvements, so yeah.

Interviewer: Ok, how would you describe your feelings around sex?

Participant: My feelings around sex. Mmm, like I said I don't think that's the essence of marriage. Uhm… I think it should just be within marriage. Although I had sex before I got married which I'm a bit ashamed of. Uhm but I think that's something that should just be within marriage and I consider sex to be the icing on the cake of marriage or your commitment to your partner. So yeah that's my feeling around sex.

Interviewer: Could you tell me why you are ashamed of the sex you had?

Participant: Like I said it I come from a christian background and I had a bit of a wild… my university days which now looking back I'm a bit ashamed of. I would have done things differently if I had my life over. But it's also a learning curve and I made peace with that, so that's right I just have to carry on.

Interviewer: And the shame stems from?

Participant: Just cause I know you should leave it until marriage. That's what I agree. Uhm… and I crossed that line. So… that's probably yeah, where it comes from.

Interviewer: Are there any sexually related issues in your interaction with your partner that you are anxious about?

Participant: No, not from my side really, no. We were planning to have kids but that's only for another year-and-a-half to two years so no anxiety from my side.

Interviewer: Are there any other issues or any kinds of behavior that brings any anxiety up for you in sex or around sex in general?

Participant: No, not from my side no.

Interviewer: How do you and your partner speak about issues around sex?

Participant: Uhm quite freely now. I mean after we've been to interviews. When I went to my first interview that was quite scary you know you don't really speak about that you know being a male. You never speak about that and she asked me to go with her to the sexual therapist. And that was a bit scary but I mean like all new things you get used to it and now we speak about it freely so more change… I think so.

Interviewer: And how do you negotiate the issues around sex in your relationship?

Participant: Sorry I don't catch the question, sorry.

Interviewer: The issues around sex in your relationship or in your interaction with your partner, how do you negotiate these?

Participant: Like I said we speak freely about it. We had programs that we had to follow for vaginismus uhm and we tried to keep to that. We speak about it quite frequently and it helps with relaxation and things like that. So it's become very open and we can communicate quite freely to each other and… so yeah there's no problems really there. We actually I think more open about it than I would say more than other couples cause we had… my wife had vaginismus. Uhm… yeah and that's why I said in the regard it actually brought us closer we would never have spoken about these things. And now we actually speak about them in quite detail and how the female body works and how we you know so I think it brought us closer.

Interviewer: What I'm trying to get at is in terms of the issues around sex obviously one form of behavior is not available to you. So in a way you have to compensate or perhaps work around that. So then how would you negotiate the issues around that itself?

Participant: Ok, we don't really negotiate that. We try to let it come as natural as possible. Obviously we have some set exercises as well and we say tonight we gonna try whatever and we gonna do certain exercises and then we would negotiate that. So for example tonight we gonna try penetration again and we'll try it and we know it's not gonna be as a sexual thing, it's more of an exercise.

Interviewer: When you say exercises, where do these arise from?

Participant: It's mostly from the sexual therapist and the exercises we get from those books and things like that.

Interviewer: If we look a bit away from the exercises and focus a bit more on your behaviour with each other. Just your own interaction with each other in an intimate setting, how would you negotiate issues around that?

Participant: Uhm… well apart from the exercises we just got round to mouth sex and some other ways to stimulate you partner. So we don't really negotiate anything. We try to keep it as natural as possible. So we would just start kissing so we don't really do that. Ok, tonight we gonna do this or that. We'll do the negotiation when we do the exercises so if not then we'll say just let it come naturally. But even that as I said that's become a little bit mechanical but yeah we try to keep it as natural as possible so there's just no big discussion regarding that.

Interviewer: And when you say natural with regards to the exercises. Does that mean that there are set activities that you would obviously partake in?

Participant: Yes, yeah.

Interviewer: And if a new activity had to be introduced? How would that arise? Or has that situation arisen for you?

Participant: Uhm… yes… we have. Most of that we would get from literature uhm some of them might even be from the exercises, so we say oh ok. We fairly open to that. There's some exercises we not that open to. Uhm but yeah with new ones we just start doing as well we would discuss it and if both partners are keen then we would do it. Or if neither of us are really keen then we don't participate in that so…

Interviewer: Ok, so that's how you would negotiate it. The exercises that you are fairly open to, are these things that are familiar to you?

Participant: Uhm… I wouldn't say all of them were. Some… yeah some is just new technique and things so you know. But most of them I would say was familiar but there are a couple that wasn't.

Interviewer: You say there are certain that you wouldn't partake in because they do not appeal to either of you. Would you like to give me an indication of what those were?

Participant: It's mainly just the one oral sex. We still negotiating that one. So we… yeah a bit I would say a bit unwillingness from both partners at the

moment. But it's not a big issues. So we still negotiating that. At some point we might even but uh… it's not a major thing.

Interviewer: Is that oral sex for both partners or for one partner?

Participant: For both.

Interviewer: And what are your feelings around that?

Participant: Uh… I'm not really that fussed. The only thing… well why we probably still negotiating at this stage is that I refuse to have it done to me unless I can do it as well. So that's where it becomes an issue. That's probably why we haven't done it so yeah. Just see cause what's good for the goose is good for the gander. I like to think of myself as an unselfish partner so that's yeah probably why it's still under negotiation.

Interviewer: Ok, is there something that you are not willing to do that she is?

Participant: Uhm, that I'm not willing to do that she is. Again it comes down to oral sex. I would only let her do it to me if I can do it to her.

Interviewer: And how do you negotiate around this issue of oral sex. How do you interact when you speak about it?

Participant: We spoke about it a couple of times. Uhm… we just discussed it. She doesn't want me to do it to her… well at the moment. But it's not a major issue, it's not a pressing issue. There's so many other ways to stimulate each other so yeah we don't really see it as a major issue. So we talk about it and if neither one or if just one of us is not keen then we just let go.

Interviewer: Why do you think she is not keen for you to reciprocate?

Participant: I think it's just part of the whole vaginismus thing. Uhm I think again it's a mental block and the idea she might have… she has the idea that I won't enjoy it. And what I think it's probably part of the whole vaginismus thing and uhm… getting comfortable with herself so but I'm not pressing it so yeah… but I think it's probably related.

Interviewer: How have you and you partner managed the issue of vaginismus in your relationship? You've told me a bit about the therapy. But I wonder is there some kind of plan?

Participant: Well, we've seen some great results from the bit of exercise that we have been doing. So I think if we could just… uh keep on with those exercises even getting a more structured program now we might progress… from what E now we might progress. We've heard about the success stories…

we progress to actually having sex. Uhm… but we don't have… we'd like to have sex before we have children. If that time can be as long as possible that'd be great but there's no... I think there's quite a big urgency from my wife's side more than from my side to actually get it right. Uhm… from the successes we've had in the past we know we are on the right route. We just need to get some more guidance and… probably more structured plan and probably more discipline in getting the uhm… doing all the exercises.

Interviewer: You say it's more from your wife's part. What do you mean by that?

Participant: Again because I'm more laid back. I would like to have children at some point. Also it adds… I would like to have sex at some point but it's not the essence for me. That's why and she's quite keen to actually get it right. She's more pressing for it to get it right than I am at the moment so what we… I know it's important for her at the moment that's why I uh ok we do whatever we want to and to get it the whole set plan and schedules together so yeah. But she probably presses more for it than I do. I try to be uh… as relaxed as possible because I don't want to put an additional strain and pressure on her but uh she would like me to help and keep to the exercises, so I'll try my best. I'll try not to put any more strain on her and give her deadlines. I think that's just ludicrous.

Interviewer: Why do you think she pushes for it so much?

Participant: Uhm I think it's probably because she… that is the uh… I think probably she feels like that's something… that everybody else does and we don't because of the condition of her. I think that's why she pushes for that and she would like to let us have a normal sex life. I think that's probably the main reason for her pushing for that.

Interviewer: And what do you understand by a normal sex life?

Participant: Uhm... well to have sex. Couples that can have sex… uhm… well... just having regular sex I can assume. Maybe that's the only part lacking at the moment from us. We actually just get the actual deed right.

Interviewer: And when you say have sex, what act are you referring to? Penetrative intercourse?

Participant: Yes, yes that.

Interviewer: If we come back to this issues of how you've managed vaginismus. You've said your partner is quite keen and would like to see this a bit more than you. You've talked about not putting pressure on her as well. Is there anything else than you would like to add about how you manage the issue as a couple?

Participant: Uhm I think what was really an eye opener for us was when we really got to know about the condition of vaginismus because we didn't know that. And it was a bit frustrating then because we didn't know about that and it was a bit frustrating then because we didn't know why, was she just really a tense person? Or were we doing it wrong. And when we actually realized that it was a condition it actually helped us a lot and we actually understood much better and we eh… it was actually a condition and you can actually treat the condition like it was any other condition. So we uh… I think we dealt with it quite well even up to know. We knew that we needed to get help and we need to get professionals to give us guidance so… uhm… I think we've dealt with that quite well and been quite open with each other and I yeah because of that we quite close to each other… so yeah.

Interviewer: Ok, and what has brought you for treatment at this stage?

Participant: Uhm... it's just… we heard well with what does this connect specifically?

Interviewer: Well treatment generally.

Participant: Well we heard… like a said we heard about the condition. And we didn't know much about it and if you go to a clinic and they can tell you how to treat it and they can give you case studies of other people and that helped a lot as well especially for my wife. When she realized that there was other women that also struggled with it, I think that gave her a sense of hope. Uhm… and she didn't felt as alone as she… she did previously. And also I mean it's not just what's wrong with her. Greater women struggled with it and then we need to meet here and come for consultations and things like that. I mean my wife came to see the sex therapist on her own first of all and they thought it would be a good idea if we come together. They gave us insight into the condition and what was it like and what my partner would be going through with all the exercises and things. I think that it's necessary to come for consultations.

Interviewer: So what would you say the reason is that you are here for treatment?

Participant: Ultimately so that we can get penetrative sex right and actually be able to do that and conceive children at some point. So that's probably the main force that I can think about.

Interviewer: And what do you hope to get out of the treatment? You've said obviously penetrative sex and being able to conceive children. Perhaps you could tell me a bit more about what you hope to get out of treatment.

Participant: Uhm, not really. Like I said we don't really have any other problems. Uhm and yeah like I said the whole condition actually brought us closer, not

necessarily… and probably in a way treatment as well. And we basically just want to… that's the main thing. We don't really have any other issues or anything that we wanna get well get them resolved. So we basically just here do penetrative sex right. Yeah, that's the main thing.

Interviewer: Can I just go back to one or two of the earlier questions and get some more information on them? You described your relationship to me and the fact you did not know that your partner had this difficulty before you became sexually involved. Do you want to tell me how it why it happened that you did not have an understanding of the problem before you got married?

Participant: Well we didn't have sexually intercourse before we were married. I mean we didn't know about it. So… yeah.

Interviewer: Would that mean you were her first partner?

Participant: Yes

Interviewer: Uhm and in terms of sexually related issues and interaction between you and your partner, who would initiate behavior typically?

Participant: Uhm… more she than I do and that's an issue at the moment.

Interviewer: Why is that an issue?

Participant: No, she just said I should initiate more. It's not yeah… and I don't know why I don't. But uhm… yeah she would probably initiate more than I do at the moment.

Interviewer: And how do you feel about that?

Participant: That she initiates more than I do? Uhm… I know it's important for her that I initiate more. It's not… I'm just scared that she might feel that I'm not attracted to her if I don't initiate at all and that's not the case at all. So… I will initiate more just as a matter of respect. Then again cause one of the sex therapists told me that I'm asexual-something like that. So yeah I'm not really she says I don't really have a big sex drive so yeah, I don't really know what that is either. But I will initiate more. It's just… it's not a sexual thing at all. You get so involved… and you so busy with work that I don't really make time for it at all so it's probably just an issue from my side… something to work on. So that's my exercise.

Interviewer: So how do you feel about what you had been told by the sex therapist?

Participant: Uhm… can't really be bothered. It's not that I can't be bothered. It's just yeah you either have a really high sex drive or you don't uhm… I don't.

Interviewer: Do you agree with that?

Participant: Yeah I would agree with that. Uhm. Yeah. Don't know why that is. Don't if it is something. It's just the way you is. Either extrovert or introvert and I think it's probably the same. Well that's my take on it so yeah.

Interviewer: Is there anything that I haven't asked you in these questions that you feel is important and that you want to raise and speak about?

Participant: Mmm… one thing I think that helped us as well that we didn't get round to is family values. Well I wouldn't say that's what kept us together but when I went to see some of the sex therapist they had things where some of the men left their wife and slept with prostitutes or go to stripclubs or things like that. And I find that a quite odd. Like I said you marry somebody to be with that person for the rest of your life, not necessarily to have sex with that person. And that's why I said I don't really see sex as a really integral part of… I mean it's not the main basis of marriage. I think that's what helped us… didn't let us go the other route. I don't actually know why people would go that route and say well you can't give me sex I need to go to other women and things like that. But I just struck that as odd for men to behave that way uhm and I think that's probably cause of our faith and cause of family values. That's one thing that actually counts I would assume for us whereas other couples that hasn't. It's probably the only thing that we haven't didn't come round with or didn't spoken to.

Interviewer: Sorry, can you clarify for me. The only thing we didn't…

Participant: That we no… we didn't speak about. Yeah.

Interviewer: Oh ok. Well thank you very much for speaking to me.

Participant: I hope that helps in some way.

APPENDIX X: TRANSCRIBED INTERVIEW: PARTICIPANT FIVE

The participant is a young white male, age 21. He is casually dressed but appears nervous and slightly apprehensive. He reads the information forms slowly and carefully and signs them without writing down his name. As the interview progresses he becomes very co-operative yet still retains a sense of guardedness.

Interviewer: Ok, do you want to tell me a bit about yourself? Just what you've been doing over the last few years? What are you doing now?

Participant: Finished school in 2000. Went straight into the restaurant business. Went and worked in a canteen in a business office. I left there and went to work for the same people but in a catering company. They had two companies. Ever since then I've been in food… cooking, studying.

Interviewer: Would that make you about 22 years old now?

Participant: 21.

Interviewer: How long have you and your partner been together?

Participant: One… One-and-a-half years. One year and about six months.

Interviewer: Do you want to tell me a bit about how you've met?

Participant: Through work. We used to be chefs together at one place and then we met up there and been together since.

Interviewer: How did you meet? Do you want to tell me a bit about that?

Participant: Yeah we just started chatting at work generally and then one day we went out for her birthday and that's where it happened. Then she went away for two months. But I waited, she came back and we still together.

Interviewer: And how would you describe your relationship?

Participant: Very good, strong… the last two to three months a bit of a… wouldn't say bad but just problems like uh… I don't know how to say. Not problems but this. The vaginismus just causing I don't know what the right word is. Cause there isn't a problem like emotion, not emotion, there's just a physical problem causing emotional hurt from both sides.

Interviewer: Emotional hurt, do you want to tell me a bit more about that?

Participant: From my side now I know the vaginismus… the whole story, I know what it is. So it's a little bit easier on my behalf knowing it's not me. But for her I feel like there's pressure from me because I want her so bad that I don't know. It's hard to explain. Her pressure I can feel that she's getting from me. Like my body language or whatever it is. That I really want it so much but I'm trying to be stronger. But she feels guilty that she can't give it to me. So it's like I don't know a vicious cycle I suppose. That's both sides of the party.

Interviewer: You say there's pressure?

Participant: Like… she knows that I want it, or want to be with her. So I suppose that is a bit like pressure. I don't mean I'm literally saying, you will do this or you will… but like I don't know. I'm using the wrong words. Like… I think she can sense inside my body language type of thing that it'd really be nice but I don't think its pressure like physically forcing somebody. Pressurizing them but just mild pressure I suppose.

Interviewer: And did you know that your partner had this difficulty before you became sexually involved?

Participant: No, I didn't know that.

Interviewer: Do you want to tell me about how you found out about it?

Participant: Uh… in December when we tried to have sex it was painful for her. We couldn't have penetration and then she thought it was just psycho… in the mind. I don't know what the word it. Psycho-something. Like stressing out about I don't know the pain or the whatever it is. And then she went to the gynecologist and he said that she must just calm down, relax… and like relax your body. Have a glass of wine or whatever I don't know relax. And then we could get penetration but still uncomfortable and then we thought there must have been something wrong. But the gynecologist said no. And she can't use a tampon so we eventually we were going to speak to a psy… psychologist whatever they call them? But I said that's not gonna help. My personal opinion, not me and you talking now but like for going on weeks to talk. Because it's not an emotional problem, where if you talk you burst into tears, you finished. It's physical proper problems. So we found this lady here and then she came the week before last. Got told it was vaginismus. She came home and told me vaginismus, I said I don't have a clue what that is. And she tried to explain to me and then I watched these videos. And exactly what happened is like how I feel. From that guy's point of view. Like she doesn't wanna be with me and that's pretty much it.

Interviewer: How do you understand vaginismus, where it's from and how it comes about?

Participant: I understand that it's a muscle spasm. Like in the neck or whatever. But I don't know where it comes about. That's the only thing I'm not very…

Interviewer: When it comes about?

Participant: Like how it happens, like why… a young girl has a spasm or I can understand older women but like a young girl… how a muscle spasm happens from doing nothing like.

Interviewer: Where do you think it originates from? Where do you think it comes from?

Participant: That I have no idea. I would love to know that.

Interviewer: Do you have any thoughts on the issue at all?

Participant: No, not really. Just the thought of how a spasm happens if nothing's physically… I don't know… even if you haven't done anything and you can't put a tampon up or how does a muscle spasm happen if there hasn't physically been… I don't know.

Interviewer: What do you think may have contributed to your partner developing vaginismus?

Participant: I don't… can you rephrase the question? Maybe I'll be able to answer it.

Interviewer: Well, what do you think may have led her in her past or present to developing vaginismus?

Participant: Well before I met her I knew she couldn't… well she couldn't use tampons before I was with her. I don't know really why. Stress… I don't know.

Interviewer: Stress… why would you say stress?

Participant: Her and her sister don't get along very well. It's causing conflict between the mother and her so…

Interviewer: Is she a stressful person?

Participant: At times not too bad but depending on circumstances… but I wouldn't say a stressful person.

Interviewer: How do you see her or how do you experience her with regards to being a stressful person?

Participant: Uh… I don't really see her as stressful person but I see her, she does stress out and then I don't know … a bit difficult but I don't know. I think she just doesn't see ground level, like she's just overboard so she can't see eye to eye. Not with me but like I'm saying with whatever the problem is… stress with the mother or sister or… I don't think it's bad but she does stress when its exams or I don't know.

Interviewer: Ground level?

Participant: Ground level – I mean like she just goes not overboard with like screaming or shouting or whatever but like… I don't know you just can't seem to see eye to eye if that makes sense. She just … like you can't get contact with her. She just I'm trying to think of the word. Like she's so stressed… it's like talking to a brick wall. Like you can't get through to her. Like eventually you get through to her. That's only… but there's never ever like stress or shouting problems but just… just like a brick wall type of thing. You can't seem to calm her down.

Interviewer: How has this condition impacted on you?

Participant: The vaginismus?

Interviewer: mm

Participant: At first it was a bit hard. I thought she doesn't wanna be with me. Obviously something's wrong with me. There's still some days I feel shit. Like what have I done to deserve this? But deep down I know that it's a problem and I'm dealing with it for her, for myself as in not trying to show her any pressure or give off any I don't know bad body language or whatever the word is. To show that I'm like dying to be with her or… what's in the video helped and made me understand what the guy said is exactly the words I would've used like her not wanting to be with me and is she going somewhere else… words I would've used, words I've said to her before. But now I feel I don't know stronger? I don't know emotionally physically that we dealing with the problem and it's just a matter of time and I just have to be there… strong.

Interviewer: You said stronger now. How would you describe it before you saw the video or came here for treatment?

Participant: What before the vaginismus or before the video? Before I knew she had vaginismus?

Interviewer: Yes, before that.

Participant: See that was the thing where I thought what did I do? Why doesn't she want to be with me? Because the thing was, like she was with me, but not sexually. Like physically she was with me in other ways and then it stopped. And then the thing in December happened and then it stopped. So it's like something would happen and then nothing. So it's like I was thinking what did I do? Don't you want to be with me? Are you this? So it was like I thought it was something I did. Not wanting to be with me cause it would happen and then not happen. Like I felt that when she wanted something it was fine but when I wanted it, it was like no no.

Interviewer: Happened or not happened?

Participant: Like if she wanted to be physical. I don't mind touching or whatever it was ok. But for me, if I said let's try something it was like no.

Interviewer: And what impact would you say the condition has had on your relationship with your partner?

Participant: Uhm… two months ago it was bad. Like physically like we were arguing about petty, petty rubbish. We never used to argue for the entire year and like… yah argue. I mean something bad like argue. But never use to argue ever and now, not now but a few months ago we used to argue, fight and yeah it was bad a couple of months ago. Now things are picking up. We spent time away from each other for a bit to… I don't know relax one another. Calm ourselves down. And everything's normal… well not normalized but there's no arguing or yah.

Interviewer: Tell me a bit about you. What words would you use to describe the type of person you are?

Participant: (Laughs) Understanding but obviously I'm understanding but then there's words. Not words, but things that make you wonder about yourself. Does that make sense?

Interviewer: Things like?

Participant: Like this. I'm saying like I'm very understanding. If you came to me and told me this and you got a problem and I need to talk to you I'd listen. But for something like this it's… I don't know. There something in your inner body that says like maybe it's you. Like I am understanding and I understand the pain. It's there. So a very good listener, caring, friendly. Yah pretty much.

Interviewer: And how would other people describe you?

Participant: Very good listener, nice person to talk to, always helping and caring, hard working.

Interviewer: Your partner?

Participant: Pretty much the same. Loving as well.

Interviewer: You've told me a bit about how you became aware of it in December. Do you want to tell me a bit more about the time period over which you became aware of the difficulty that she's having?

Participant: The time period?

Interviewer: mm

Participant: As in how long we've been together or how long… what date in December it was?

Interviewer: More like how you came to know of the difficulties she was having. How you became aware of it? Over what time period.

Participant: We went away for a week. On the first night we went away. It was sore. Then we tried twice, two more times. But it was too painful. We thought we had penetrated but we didn't. She thought it was penetration and then it was too sore so we stopped. Then she went to see the gynecologist who told her to relax. So it was in December, January… like end of December, January somewhere there.

Interviewer: And is it the first time that you know of that she also became aware of it?

Participant: The uncomfortableness with the tampon she knew since she was a little… started her period. But this yah. I don't know about why the tampons she couldn't put it. She could put it up but it was too sore. So I knew she couldn't put a tampon up.

Interviewer: Are you her first sexual partner?

Participant: Yah.

Interviewer: How do you describe your feelings around sex?

Participant: I don't know. Describe my feelings?

Interviewer: mm

Participant: It means everything to me. I don't know what other people think but to show your love and appreciation and I don't know. Might sound weird but it means a lot to me to obviously not in the first two weeks of knowing somebody, but just that is a big part of a relationship to me.

Interviewer: Are there any issues around sex during your interaction with your partner that you are anxious about?

Participant: No.

Interviewer: Uhm… perhaps I can rephrase it. Are there any issues generally around sex itself that you are anxious about and cause you any anxiety?

Participant: Don't think so. What type of anxiety or what type of things?

Interviewer: What do you understand by what I say when I say are there any issues that you anxiety?

Participant: Like thinking in the back of your mind about something? Mmm… no.

Interviewer: How do you and your partner speak about sex?

Participant: Very openly. No… obviously recently it's a bit of a… I don't know it's been a bit of a sore point I suppose if you want to put it that way. For her and for me. Like I try joke about it like and she takes offense. It's a bit of a… obviously better now that like I'm more understanding I suppose if you wanna put it that way. But ja it's much better now to speak openly.

Interviewer: Obviously penetration is not possible at the moment and…

Participant: No, that's the thing. She can have penetration now but it's uncomfortable.

Interviewer: So how do you negotiate issues around sex?

Participant: See with me even if she just touches me or whatever it's alright. But sometimes she I don't know. Watching the video also made me understand where she comes from where anything sexual is like… I don't know makes you feel revolting or whatever the word they used. Anything to do with sex or being physical with somebody brings back the whole sex and vaginismus and makes you not want to do anything so… sometimes it does happen. Sometimes it doesn't.

Interviewer: When you say sometimes it does happen?

Participant: Not the sex. I'm saying touched or whatever.

Interviewer: You've obviously not able to have penetrative sex and you've spoken about being intimate with one another. I'm just wondering how you would approach other forms of behavior.

Participant: I don't understand your question…

Interviewer: Let me rephrase it. Your intimate behavior does not include penetration. How do you work around that?

Participant: Not having sex? Thing is we don't do anything physical like really often because it makes her feel… I don't now guilty in a way because she wants to be with me but she can't. So if we do do something it's just touching. There's nothing… so we do occasionally just touch each other.

Interviewer: And who would initiate or start off the behavior?

Participant: Either or. Sometimes I try and I get turned down type of thing. Like no she's not in the mood or whatever. Sometimes she starts or sometimes I start, depends on the situation.

Interviewer: Is it one person more than the other or about equal?

Participant: What, who starts the thing?

Interviewer: Initiating.

Participant: No pretty even I'd say

Interviewer: So how have you managed the issue of vaginismus so far in your relationship? You've spoken to me a bit about how you've had difficultly communicating and the limited intimate interaction. But how have you managed the difficulty?

Participant: At first it was like I said difficult. Thinking it was me, that I did something wrong or whatever. But then when more and more came out like it's… I don't know… I can't be in her and use tampons and then I don't know whatever. And the gyne just said relax. And then we came here. I didn't come the first time. She just came to see the nurse or whichever for the first consultation. Then we came to watch the videos. And that… why my girlfriend told me what the Doctor said… I was more understanding… wrong word. It put more words to the story if that's the right way to put it. Like I know there's a problem but like blank paragraphs. And then it just filled in the gaps of why it's sore and why it's uncomfortable and why it's this. Only thing I don't know it how the muscle spasm happens but it's a funny thing that. Everything between us is fine now. I don't put any pressure on her to be physical with me.

Interviewer: So you don't put any pressure on her. Is that because of…

Participant: Uhm now I realize it has nothing to do with me. It's a disease if you want put it that way. It's a sickness. It's a muscle spasm. It's a… I don't know and can be sorted out and it's not that she doesn't want to be with me. It's because she can't. It's too much pain and suffering. Like the guy in the video said it feels like something he did. It's like a pressure off your shoulder type of thing that it's not you. So I suppose I'm more understanding now that it's coming from a different party that it's not you. It is a problem.

Interviewer: You say it's not you. You sound like you're quite relieved.

Participant: No, no I don't mean it that I'm relieved. I mean if it happens you feel like it's your fault, not your fault but you've done something or I don't know how to put the words in a way like I'm feeling, but you've done something wrong or haven't done something right. I don't know if that weighs it up. It's like your fault or but not your fault in a bad way. Like you've done something or haven't done something. And now she doesn't wanna be with you. Like what is the problem? What doesn't she wanna be with me. She's been with you for a year and a bit or two years and it just feels like she doesn't wanna be with you. So you like turn and think what have I done? You blame yourself.

So what I mean by the pressure off the shoulders is not like I've relieved that it's not me, like thank God. But like still I feel bad, like still bad. Well not bad still like I really would like to be with her and I know that she's upset and hurting as well. But the pressure off my shoulders as in now I know in my conscience that it wasn't something I did or something I haven't done.

Interviewer: Is she your first partner as well?

Participant: No. I've had one other partner.

Interviewer: So you've been together for about a year and a half and you've known about the condition since December.

Participant: Difficulties in December yes. I knew nothing about this until February or March when she went to the gyne who said she must just relax.

Interviewer: What has brought you both here for treatment now at this stage?

Participant: I supposed we both wanna be together. We love each other.

Interviewer: When you say be together?

Participant: Be forever like be with each other, one another. Sexually, physically.

Interviewer: And what do you hope to get out of the treatment?

Participant: Hope to get out of the treatment? I hope to be happy, is what I'm hoping. For the problem to be resolved and for us to go on with our lives.

Interviewer: I want to come back come to a question I asked you earlier… about how you would describe your feelings around sex. You've said that knowing it's not something that you did or didn't do allowed you to look at the condition in a different way. Are you concerned about doing something or not doing something?

Participant: What, right or wrong? Or generally?

Interviewer: In your interaction with each other.

Participant: No. I just want to please her and make her happy. I'm not doing any of that. Just causing pain so I feel I'm still not doing anything right. Not doing anything wrong in a sense. We haven't tried again obviously. Yah… I don't know really. It's difficult. Am I still worried that I'm not doing anything right or anything wrong…

Interviewer: Is there anything that I haven't raised that you wish to talk about?

Participant: What, for other people to read and understand?

Interviewer: Anything in general. About the condition or the interview?

Participant: No, not really.

Interviewer: Ok. Well thank you very much the interview.

APPENDIX XI: TRANSCRIBED INTERVIEW: PARTICIPANT SIX

The participant is a 30-year old Indian man. He is smartly dressed and on first impressions he appears to be very in control of whatever task he is doing. Before the interview he appears to be wary and quite skeptical. Once the interview begins he initially answers hesitantly, giving short direct answers. He often seems lost in thought, becomes inattentive and asks for the questions to be repeated.

Interviewer: Ok, can you tell me how long you and your partner have been together?

Participant: Uhm… about two-and-a-half years.

Interviewer: Two-and-a-half years. And you've known each other for?

Participant: About two-and-a-half years.

Interviewer: Two-and-a-half years as well. Are you married at the moment?

Participant: No.

Interviewer: So you've known each other two-and-a-half years . How long have you been living together?

Participant: Uh… we don't actually live together. Uhm… she stays over, quite often but… she's got her own place. I've got my own place.

Interviewer: How would you describe your relationship to me?

Participant: Uhm… we went through a rough patch and we just uhm…coming out of a rough patch and it seems to be going very well. We sort of uh… kind of sorting out from the half way mark if you put it that way and… yeah. It's pretty good.

Interviewer: When you say rough patch… do you want to tell me a bit more about that?

Participant: Uhm… it's it's pretty… it's a lot of factors involved. From uhm compatibility, personality characteristics… also intimacy as well… yeah that sort of reached a boiling point in aspect. So that was the rough patch where we actually kind of split up.

Interviewer: And how long did this last. This rough patch.

Participant: Uhm…we actually split. It lasted for about three months or so. Three or four months ja.

Interviewer: Did you know that your partner had this difficulty before you became sexually involved?

Participant: Uhm… there was a… there was a difficulty. But it was… there was no label. It was not identified… so we weren't aware that it was a condition, an identifiable condition. Uh… it's would… partly partly that confusion that led to uh… uhm… difficulties in understanding each other, and then that actuality led to you know difficulties in the relationship.

Interviewer: Uhm… I'm not clear about whether you knew or not before you became involved. Did you know before you became sexually involved?

Participant: That that she had… (nods head).

Interviewer: mm

Participant: No.

Interviewer: How did you approach the subject? How did you become aware of it?

Participant: We only become aware of the condition recently. That you know what it it's not like you know her doing it on purpose or linked to problems in the relationship. It's actually a condition that a lot of other people have. Uhm… what did you ask me again, sorry?

Interviewer: I wanted to know whether you'd known about it before you became sexually involved.

Participant: No, I never knew it at all. Even with previous partners that this kind of condition existed.

Interviewer: How do you understand vaginismus and its origins?

Participant: Uhm…I guess like reading briefly, stuff like information on the internet and from what the doctor actually told us. I understand it's an involuntary reaction as easily as like blinking your eye. Just the same thing. It's very hard to control and very hard to hone in and to fix. It takes a lot of time, a lot of dedication and a lot of patience.

Interviewer: So how do you think it's come about in your partner?

Participant: My opinion, I guess it's a whole lot of influences. It's it's basically partly due to her character. Uhm… partly due to some of her beliefs and partly due to experiences she's had, sexual experiences.

Interviewer: When you say her character do you want to elaborate?

Participant: She has uh… feminist tendencies. She's she's a self-proclaimed feminist but not an extreme feminist, not a practicing feminist. I'd say a passive feminist.

Interviewer: How do you explain that to me when you say she's a feminist character? What traits does that give rise to in her?

Participant: Well she's very pro-women. She's very strong-legged… it's a bit like you know abuse…uh women's rights.

Interviewer: Strong-legged?

Participant: Against women's abuse, women's rights, women in the workplace uhm… well any form of abuse towards women. She like feels very strongly about it. And she's very, very, very pro-women. (Laughs). I can't really explain it properly.

Interviewer: How would you describe her character? How does it come across to you?

Participant: Very strong, very independent. Uhm… not very open, like you know like walking around with a brick wall around yourself. Very, sort of personal. Are you asking me from the feminist point of view?

Interviewer: Just in terms of how you view her personality?

Participant: Generally?

Interviewer: … her personality.

Participant: Very warm, very kind. Uhm… very free, very giving.

Interviewer: You mentioned religion as well… you said made an impact.

Participant: I don't think religious per se because she's not very uh… focused on traditions in religion. She's not… you know she says she's not very religious. I can see she's not religious but I can see she has beliefs that she does follow. A sort of moral code, which sort of ties into the same thing as religions say, sort of all religions say. That's as far as it goes with religion.

Interviewer: And how do you think this religion has impacted on the development of vaginismus.

Participant: I don't think religion was a contributing factor in this problem.

Interviewer: I mention it because earlier you said feminism, religion and sexual experiences, so that's why I wondered whether you were saying that religion contributed.

Participant: The thing is... I'm really left to assume on her absolute past, like you know her childhood upbringing. Uhm… I would say from the time I know and she's, she's not religious, but I mean she was exposed to that religion during her upbringing. She had to have been exposed to it and sort of believed in it at the time to actually make the choice you know what am I gonna carry on believing it, am gonna believe it anymore... follow my own sort of ethics and code. So uh my assumption is that being exposed to it, it did sort of leave some beliefs in her. So…

Interviewer: And when you mentioned the sexual experiences. How do you see it as contributing to the development of vaginismus?

Participant: Uhm from our personal sexual experiences it… shows she always felt uncomfortable at first and then sort of it became more comfortable during the course of it, that intercourse. Uhm… so that aspect of the pain in the beginning, already experiencing a bit of pain at the beginning of the whole session if you wanna put it, which grew to more and uh… she has uh… She tends to get infections very quickly. Candida infections and uhm… I guess that played a role in it as well which made the sexual intercourse much more painful and because of the pain, it sort of like cycled. You know she expected it every time we sorta like started being intimate. So I guess that kinda just grew and grew and grew. Expecting that pain which created a cycle which sort of caused her to have an involuntary reflex. In order for me to not have the pain I'm not taking that penis in me, sort of.

Interviewer: Ok, I just want to clarify. So have you ever been able to achieve penetration or….

Participant: Yes, yes we have

Interviewer: You have… and the initial few times did that go successfully and did the condition happen afterwards or did you always have problems?

Participant: No, it was fine in the beginning and then it gradually started to move on to a like where she experienced a bit of pain in the beginning of the intimate act and then it slowly moved on to where she experienced more pain than pleasure and then she experienced all pain and no pleasure.

Interviewer: What impact has the condition had on you?

Participant: Uh… it put a very big strain on our relationship which I think was one of the major contributing factors for us to have uh… for us to eventually

have split. Uhm… it still is uhm sort of a dark raining cloud above the relationship. I think what makes me feel comfortable in staying in and in… I guess what gives me faith in the relationship is her willingness to do something about it. To work at it… to try and…uhm you know let me do the whole thing.

Interviewer: So that's the impact it's had on your relationship. What impact has it had on you?

Participant: Uh… I would say… it had. I guess like you now you get sort of frustrated. You get… uh you start to question you know is it really… where in the beginning when I didn't really understand what it was, I thought it was her. I didn't actually like analyze it and… through my own assumptions I thought it was because ok, the cycle of pain mmm… I guess the feeling of helplessness as well… uhm frustration…despair… and then eventually leading to more frustration. So yes it had very negative effects.

Interviewer: And this is obviously during your relationship. After you had gotten back together what impact has it had on you, has it changed or is it still the same?

Participant: Yeah uhm… now that I understand that… I think what makes me more comfortable is the fact that she's actually uhm… she's doing something about it. She's going out there, not living in a cocoon. She's going out there and trying to fix it so for me it makes me feel like a sigh of relief, very good. It makes me feel happy that she's doing it. I can see hope for this relationship which makes me feel great, cause that's what I would want.

Interviewer: What words would you use to describe the type of person you are?

Participant: Independent of the relationship?

Interviewer: Generally, just you as a person.

Participant: A perfectionist. uhm… (sighs) Uhm what words, that's always a tough question. Logical uhm… easy going… loyal. I'd say loyal. Mmm I don't know. I don't know except for that, those ones.

Interviewer: How would other people describe you?

Participant: Uh… tough. uhm…. moody… mmm…eh fair.

Interviewer: And your partner?

Participant: My partner, I would think she would describe me as loving, sweet, kind, uhm yeah.

Interviewer: We've spoken a bit about this. Over what time period have you and your partner become aware of the condition?

Participant: Uh., you mean that she had a problem or that it was identified?

Interviewer: Uhm generally that there was a problem.

Participant: Well eh… sort of early in the relationship that we identified that there was a problem sexually that we had attributed to emotional problems in our relationship, and I had later sort of came to the assumption that it was from my side it not emotional, it was the physical. And from her side it was the emotional. So I guess the physical affected the emotional and it sort of went that cycle.

Interviewer: You say early on. Where would you place that in the two-and-a-half years?

Participant: I'd say first four months, first six months, everything was fine sexually and then after that six months it started to show signs of lack of intimacy, sexual sort of problems, lack of sex and stuff like that. So I'd say after six months.

Interviewer: And for both of you was this the first time that you became aware of it?

Participant: No, I think I became aware of it sooner than she did.

Interviewer: Ok, why would you say that you became aware of it sooner that she did?

Participant: Uhm, ok from my perspective because we never properly spoke about it at that point in time when I started to see signs. I never spoke about it, she never spoke about it. I didn't know what she was thinking. I did start to mention it later in the relationship, say eight 8 months down the line or so. She sort of brushed it off if I can remember correctly. My memory is not that good. I think that she did brush it off because it didn't become a major concern, for her. It started to grow as a major concern for me. Uhm… and then she started to attribute it to emotional problems because I started to react because of lack of intimacy and she started to react because of my reactions and so on, that just created a cycle.

Interviewer: How would you describe your feelings around sex?

Participant: I think it's very important. Not even in a relationship. I mean even outside a relationship. It's, it's still important I mean as a guy you know (laughs). You just like kind of crave it… so yes sex is very important.

Interviewer: Are there any sexually related issues in your interaction with your partner that you are anxious about?

Participant: I don't fully understand the question.

Interviewer: Uhm… in the interaction with your partner around sex, are there any issues that you are anxious about?

Participant: Well, vaginismus is an issue. Uhm... well other than this problem yes she is sort of… well she has no libido. Her libido is like zero, so for me the issue is she's generally… at first I thought she was lazy in sex but now I think she has issues she needs to sort out throughout the whole entire… I mean if you look at sex completely she has an issue with sex completely. So yes, so I have an issue with her with sex completely.

Interviewer: How does that make you anxious?

Participant: It makes me anxious that. You know I have fears that it, it can't be fixed. I have fears that it can be fixed, but it won't change her attitude or you know I go through all the scenarios so it does make me anxious. I think about everything. Every possible risk. Every possible negative aspect it could have so everything makes me anxious about this whole thing.

Interviewer: Are you generally a person who is anxious about many things?

Participant: No, I'm anxious about many things but not to a level that it sort of interrupts my life or makes a difference. If I have to measure from 0 to a 100, it's like 5%.

Interviewer: If we come back to the uhm… sexually related issues in the interaction with your partner you mentioned that you are anxious and affected by her lack of behavior. From your side would she be anxious about any behavior from your side?

Participant: I think she's anxious about it affecting our relationship again and it ultimately ending in us going separate ways. I would assume that that's what she would be anxious about… and anxious that she is not a fully functional female. She's not… you know she has problems, stuff that's not like working and you know. She wants to be like everybody else I guess. I mean like be like you know sort of normal in society's eyes.

Interviewer: And by normal what do you understand?

Participant: I understand it like you know being a fully functioning female and being able to interact sexually and intimately.

Interviewer: Are there any other issues around sex that you are unhappy about or that cause anxiety for you at all?

Participant: Uhm… I think she's lazy (laughs) in sexual terms. She's lazy she's uh selfish, sexually. Uh… I think they both are sort of tied into each other or play off each other.

Interviewer: If we move a bit away from her and speak more about you and just with regards to your view of sex and…

Participant: Currently in this relationship? Or generally?

Interviewer: Generally… is there anything about sex that makes you anxious?

Participant: No.

Interviewer: How do the two of you speak about issues around sex, you and your partner?

Participant: We speak very openly, very thoroughly. We try to actually like you know get to the… try to talk about it, to work it out, to get to the heart of the problem, try to get… identify and work through. Really our communication is very good.

Interviewer: And how do you negotiate the issues around sex? You said her libido is low so there is some negotiation?

Participant: Yes, it mostly involves me uhm initiating oh uhm, first sort of begging for it and then initiating… uhm so there is… eh ja. That's about it I guess.

Interviewer: Are there any difficulties or issues around this negotiation?

Participant: It's mostly you know a tired problem, like she'll say she's tired from work or tired from the week and tired from this… from I can't perform or do it right now… stuff like that…excuses.

Interviewer: And how do you react to that.

Participant: Uhm… I let it slide. I don't pursue it. I don't force the issue. It disappoints me… it's disappointing.

Interviewer: We've spoken a little bit about this. How have you, the two of you partner managed the issue of vaginismus since you became aware of it?

Participant: Uh we both became very hopeful, we both very enthusiastic about our sexual life becoming better now it's identified and we gonna be like sort of uh try and fix it. Uhm ja, like there's a lot of optimism and enthusiasm in our relationship right now as far as our sexual life.

Interviewer: And what about before you became aware that it was called vaginismus, when you became aware that something uhm… that there was something…how did you manage the issue between the two of you. You say that you became aware of it sooner that she did.

Participant: January, uhm after the rough patch, after we split up and after we got back together we didn't know that there was a problem, we still knew that there was a problem. The problem was still there. Uhm because we attributed it to emotional problems uhm I actually well she actually suggested… suggested counseling, couples counseling to sort out the emotional issues. And the assumption was once the emotional issues were sorted out it would affect the physical and the physical would be fine. Uhm… I had finally sort of like gave into the idea of counseling and I saw the advantages of it. We went for counseling and it didn't change the… uhm… it didn't change our intimacy levels or uhm the intimacy frequency, the frequency of intimacy. It actually got worse. So that's when we actually decided to seek uhm… other help. Saw a specialist in the field of intimacy and sexuality. So… that's how we approached it or to this point.

Interviewer: Ok. So what has brought you for treatment at this stage?

Participant: This uh… my pressure on her to... to look more into this problem. She had fears that it was you know… she, she feared. I didn't really understand her or quite know what she actually feared about this whole thing. I think she feared facing this problem. So it was my pressure that we actually came to this stage where we actually now are getting counseling for it. Uhm… sorry what was the question again?

Interviewer: What's brought you for treatment at this stage?

Participant: For me it… just can't handle reaching a… a sort of a boiling point of… of… of celibacy and uhm just to try and fix the problem.

Interviewer: And what do you hope to get out of the treatment?

Participant: A better sex life (laughs). Some sex life obviously. Uhm… I think it's… there's a strong link between us. There's a strong love and I think one of the things that actually uhm… celebrates that link that that that likes sort of binds that link is intimacy and it's it's like I think that link is getting sort of worn out and there's too much pressure on that link. Uhm… so I'd

like the other part of that link to be or half that link is emotions and the other half is physical. There is strain we put on the physical so you know just to know sort of sort it out so that link can be strong again.

Interviewer: Mmm how do you deal with the frustration that you have due to the lack of intimacy?

Participant: I guess I bottle it up which is not the right thing to do. I… sort of… phase it out of my mind. I… I… my libido has dropped quite a bit since we started having sexual problems. So I guess that kinda forced my libido into a state where it's not there so much. I've adapted to the situation. Uhm… yet when I do feel aroused there's sort of very rarely I would… that she would get involved. We would have sort of oral sex or I just masturbate. That's how I deal with it.

Interviewer: You've told me a bit about the understanding you have of vaginismus based on your research on the internet and what you've learnt here from the treatment. Obviously that's has contributed to your understanding, what you found out. But how do you yourself understand it? What sense do you make of it?

Participant: I guess it sort of makes sense to me in the way that… that I've kinda feared that something was happening and now that actually has a name. Uhm to actually know that it's been identified means that there's sort of there's remedies to it. There are things that you can do to fix it mmm… so mmm… sorry what was the question again?

Interviewer: How do you understand the condition?

Participant: (Laughs) I can tell you I understand it. I can understand why she has it.

Interviewer: Can you explain to me why you understand she has it?

Participant: I guess because of the experiences she's had previously. The fact that it, it's not… I don't think its clinical cause it hasn't been there from the start. It's… it's like she's had a sex life. It just sort of came out of nowhere. But it just like sort of happened. I would say it's due to experiences so I do understand how she got it or why she has it or how it came about. I don't really understand the question.

Interviewer: I'm more interested in your own view and how you understand it. Your own personal understanding.

Participant: I… can only see it from a logical point of view you know. It's because of these factors that this thing has actually happened you know and I don't know… that's the only way I can understand it.

Interviewer: That's fine. It gives me an understanding of you view of it. We've gone through 11 questions very quickly. Is there anything that I haven't raised in here that you feel is relevant or that you really want to speak about?

Participant: No, not really. I can't think of anything.

Interviewer: Well, thank you very much for answering these questions for me.