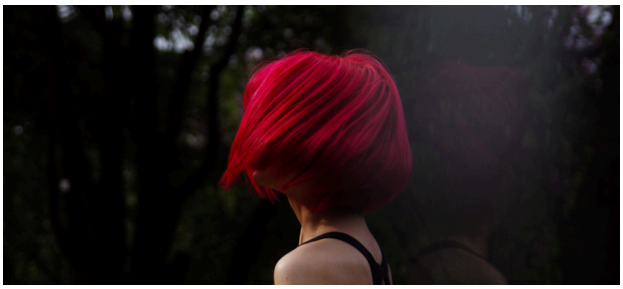
PAIN WITH S*X: COMMON NOT NORMAL

Pain with intercourse is often underreported and frequently normalized, but clinically, it is a clear sign of dysfunction. The pelvic floor serves four essential roles: support, stability, continence, and sexual function. When one of these functions—particularly intimacy—is impaired, it reflects an underlying disruption in muscular coordination, tissue health, or nervous system regulation. Pain is not a normal adaptation; it is a signal that something requires attention.

From a neurophysiological standpoint, continuing through painful intercourse can reinforce maladaptive patterns. The brain and body begin to associate intimacy with threat, leading to increased muscle guarding, reduced blood flow, and heightened sensitivity. Over time, this can create a feedback loop where pain becomes more easily triggered and more persistent, even in the absence of significant tissue damage. Addressing this early is key to preventing chronic dysfunction.



Several medical conditions fall under this category. Dyspareunia refers to persistent or recurrent genital pain associated with intercourse. Vulvodynia describes chronic vulvar pain without a clear identifiable cause, often linked to nerve sensitization. Vaginismus involves involuntary contraction of the pelvic floor muscles that interferes with penetration. While these diagnoses are distinct, they frequently overlap and share contributing factors such as musculoskeletal dysfunction, hormonal influences, and nervous system dysregulation.

CLINICAL HONESTY

A trauma-informed framework, such as the BLAZE model, shifts the approach from symptom suppression to system regulation. By prioritizing safety, clinicians can reduce the body's protective responses. Listening deeply allows patients to feel validated in experiences that are often dismissed. Asking permission throughout treatment restores autonomy, while addressing the nervous system helps recalibrate threat perception. Education and empowerment then provide patients with the tools to re-engage with their bodies in a controlled and supported way.

Healing in this context extends beyond eliminating pain—it involves restoring trust. Intimacy should not be associated with fear or discomfort. When approached with intention and care, it can become part of the healing process itself. Re-establishing safety within the body allows for improved function, deeper connection, and a more sustainable resolution of symptoms.

REFERENCES

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3. Bergeron S, Rosen NO, Morin M. Genital pain in women: beyond interference with intercourse. Pain. 2011;152(6 Suppl):S122-S127.

Have more questions?

Contact Dr. Sara today for a free consultation call and learn more about the BLAZE MODEL today.

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BLAZE MODEL

B: Breath & Body Awareness

L: Load Management & Lifestyle Integration

A: Align & Adapt (Autonomic Nervous System)

Z: Zone of Apposition & Core Synergy

E: Empowerment Through Education & Exposure

Contact Dr. Sara about joining an online seminar to dive into the details of the BLAZE Model to start integrating these methods in your life today. Whether you have had a child or not, pain with intercourse is ABNORMAL and should be discussed with a specialist. Be part of the movement to identify what is COMMON NOT NORMAL today!