Shame and Silence

The hidden struggles of women battling pelvic pain

By Dustin Staggs

Purity culture has an influence outside of religious circles, hurting the physical and mental well-being of evangelical women like Taylor Goff, whose journey from emotional trauma to being diagnosed with vulvodynia reveals the overlooked complexities of pelvic pain care.

Taylor Goff, 26, sits outside Trailside Coffee Company in Springdale, drinking her "Just Peachy" smoothie—words that could be used to describe Goff herself: just peachy.

The unseasonably warm February air makes it feel more like spring, with the temperature being 70 degrees outside. Engrossed in her work, Goff taps away on her laptop, as she organizes a women's health panel event for her church.

From her bag, Goff retrieves two books that serve as her guides for researching and navigating the complex yet crucial topics often shrouded in silence. With an earnest smile, she hands me the first book, "Come as You Are: The Surprising New Science that Will Transform Your Sex Life" by Emily Nagoski. The cover has a depiction of a woman's open purse that coyly hints at its deeper meanings. Its sequel, "Come Together: The Science (and Art!) of Creating Lasting Sexual Connections," follows suit, both delving into territories rarely discussed in religious circles. And yet, here Goff sits, ready to discuss what may be considered taboo with her religious peers.

At the office of her therapy clinic, similar books that dive into these topics fill her shelves. Since her grad school days, Goff has conducted extensive research on women who face pelvic pain and knows of numerous studies that show a correlation between that pain and evangelical Christianity.

While one in seven women in the United States is affected by chronic pelvic pain, Sheila Wray Gregoire, an author who has written countless books on Christian marriages and has done her own research on the faith's effects, found that 22.6% of evangelical women reported pain from vaginismus or another form of dyspareunia.

Goff herself reflects this statistic after she was diagnosed in 2020 with vulvodynia, a type of long-term pain around the vulva.

While a majority of the studies and statistics online show the large number of women dealing with these physical conditions that affect their daily lives, the studies don't account for all gender identities and could be higher.

A few days before I met with Goff, she had convened her second meeting with her own orchestrated pelvic pain therapy group. This therapy group focuses not only on the physical journey of pelvic pain but also the emotional toll of it, which marks a significant step in challenging social taboos about sex and addressing the often-overlooked struggles faced by women. The group is the first of its kind in Arkansas.

Growing up in a Southern Baptist household in Shreveport, Louisiana, Taylor Goff's upbringing was marked by the pressures of conformity and the weight of unrealistic expectations. Subjected to emotional abuse by those meant to protect her, Goff said she found herself in a constant battle to assert her identity and protect her younger siblings from the same fate.

> "You're not even worth hitting," echoes the haunting voice of her parental figure.

Still, beneath the wounds of cruel words, there is a deeper, more insidious impact—one that stretches beyond emotional suffering and into physical health.

Indeed, research indicates that the effects of emotional abuse and persistent stress can show as a wide range of physical symptoms, including but not limited to chronic pain issues such as pelvic discomfort. Many people face emotional trauma at some time in their life. While we typically think of trauma as a mental or emotional condition, it may also appear physically in the body. Statistics show that the stress from the emotional trauma can be stored in the pelvic floor.

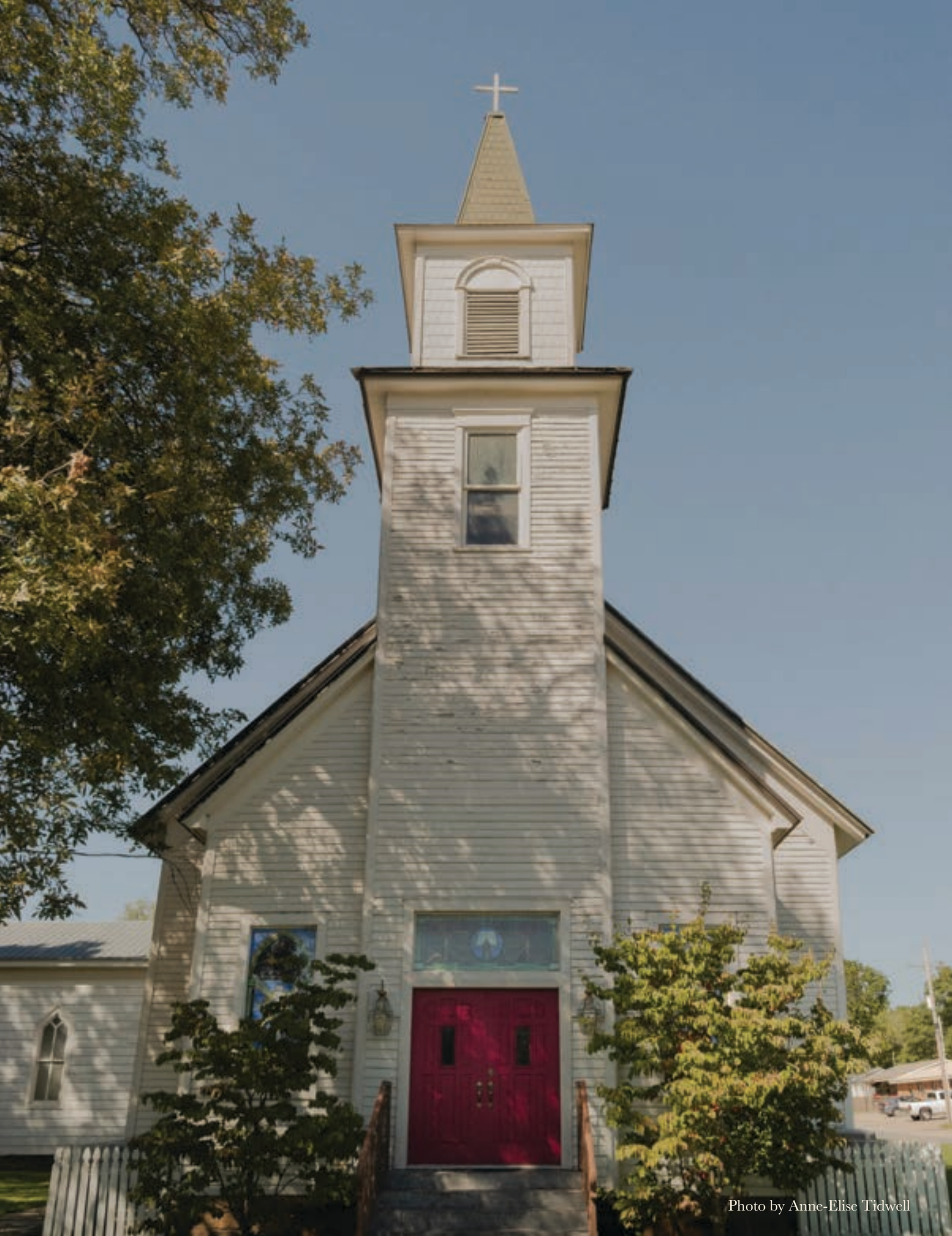

Photo by Anne-Elise Tidwell

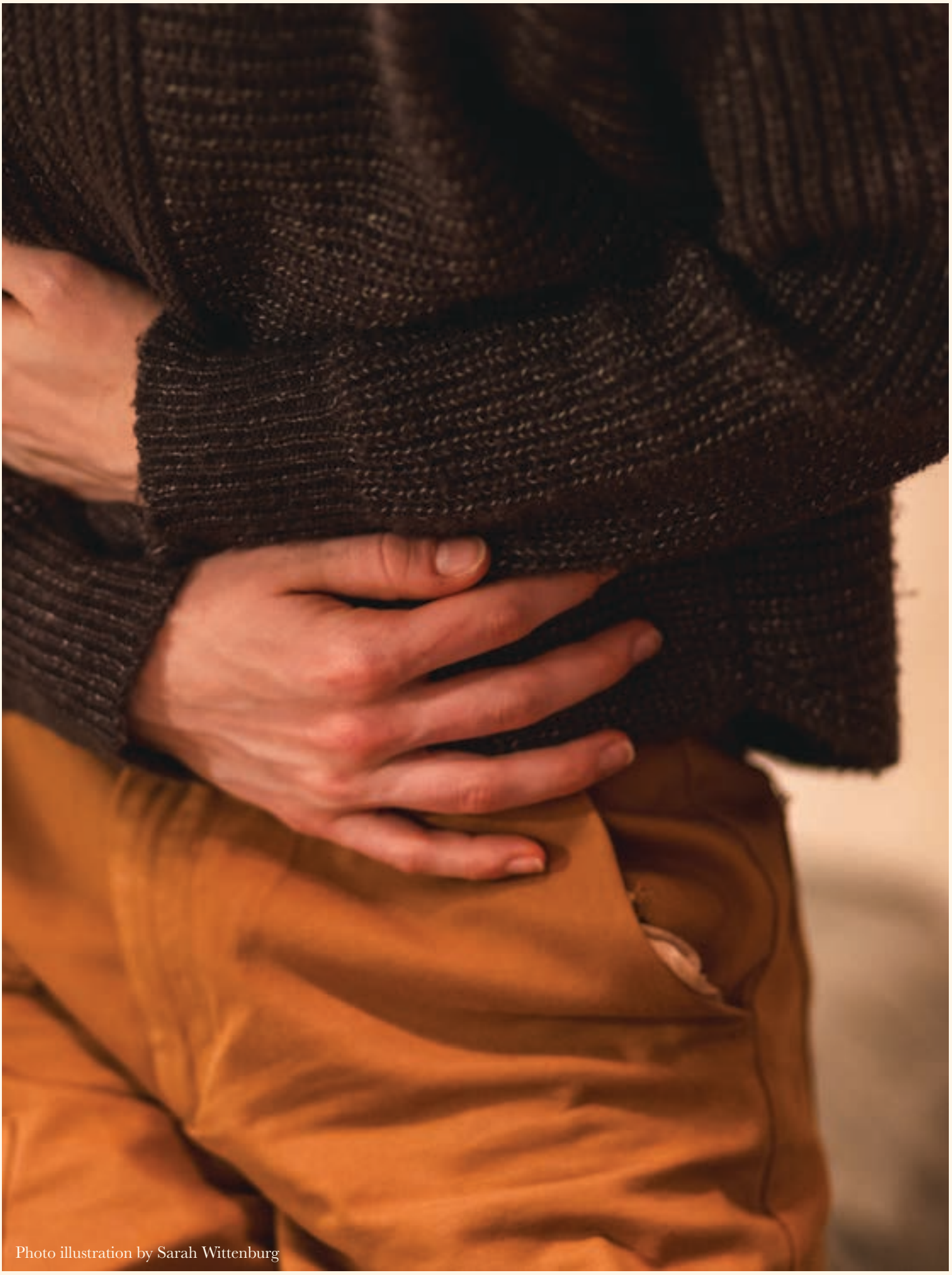

Photo illustration by Sarah Wittenburg

However, that adversity Goff faced in her upbringing only drove her to help other children growing up in similar environments. Mandated therapy sessions during her parents' divorce left her disillusioned with a system that seemed to diagnose without truly understanding or helping. Fueled by her own traumatic experiences, Goff went on to pursue a degree in psychology at Harding University to be a child therapist, determined to be the advocate she never had.

"I've gone through all of this chaos," she reflects, "and I'd love to help people feel less alone and not just a diagnosis." Her path seemed clear, focused on early prevention and guiding young minds through the maze of emotional turmoil.

Goff, through all her trials, also found solace in her relationship with Judah Goff, whom she met the second day of English class her freshman year of high school and later married in 2019. "Thank goodness for assigned seating," she said.

Both being raised with similar religious ideologies, Taylor and Judah continued their spiritual journey through their years at Harding University, a private, residential coeducational liberal arts university affiliated with the Church of Christ, adhering to their beliefs and saving themselves for marriage.

In Goff's religious upbringing, sex was rarely discussed, and if ever brought up, it was a concept filled with fear and negative connotations. Goff was constantly pressured and ridiculed by her parental figures with the idea that she would become a high school dropout and teen mom. Yet, the adults in her life scrutinizing her never went as far to discuss sex education. It was only when Goff got married that she had to look up on the internet where condoms were located.

However, amidst the joy of planning their wedding during Goff's junior year of college, tragedy struck with the death of her father. What was meant to be a moment of celebration became one also enveloped in mourning.

Their shared journey took another unexpected turn shortly after they were married.

Intimacy became a battleground; each attempt at the consummation of their marriage for a week was marred by excruciating pain for Goff—a pain she describes as akin to hitting a wall or enduring a tear deep within.

Three months in, Goff confided in her first gynecologist to find the root of this constant pain, who chalked it up to stress and her waiting till the age of 21 to have sex. The doctor prescribed her the recommendation of drinking wine and to just relax.

It wasn't until the Goffs relocated to Bentonville in April 2020 and consulted a new gynecologist in November that the gravity of Goff's condition was finally acknowledged.

During the examination, the mere touch of the swab test to find trigger points of the pain evoked instantaneous tears from Goff. The gynecologist then diagnosed her with vulvodynia.

Sarah Grace M., 23, also a woman who grew up Southern Baptist, was diagnosed with vaginismus, which mirrors Goff's journey of a struggle to find an understanding of her condition.

From a young age, Sarah Grace had struggled with pelvic issues, enduring the excruciating pain of ovarian cysts that plagued her adolescence. The journey into womanhood was blighted by obstacles, from the inability to use tampons to the agonizing discomfort of gynecological exams. Yet, her concerns were often dismissed, emblematic of a broader societal narrative that expects women to endure pain silently under the guise of resilience.

"I feel like it's very common for gynecologists and women's health physicians to not exactly listen to your concerns because women are expected to just be able to deal with pain because we go through childbirth and we have periods and all these things," Sarah Grace said. "And so it's almost always been dismissed."

Marie, 27, grew up in a non-denominational Christian household in Nebraska and was diagnosed with vestibulodynia.

Similar to Sarah Grace who has chosen to keep her last name anonymous, Marie isn't her real name. Despite the frequency of pelvic pain issues among women, a lack of awareness and discussion contributes to a culture of silence and isolation. Their anonymity is a sad reminder of the critical need for destigmatization and open communication about pelvic pain issues.

Like similar women in her position, Marie grew up in a purity culture and waited until they were married to have sex. It was after a month of experiencing pain, which she describes as being stabbed repeatedly over and over with a knife that was on fire, that she went to see her primary physician to be referred to a gynecologist. Her appointment wasn't until three months later.

Because Marie had heard that the beginning of sexual intimacy was a painful act for women, she thought the excruciating pain might have been normal at first. Marie too struggled with her early years of using tampons and thought the painful endurance was one every woman encountered. Like Sarah Grace, she didn't even think it was a pain that would need consultation.

With these studies showing that evangelical women under 40 had a 22% incidence of chronic pelvic pain, far greater than

the overall population, which was estimated to be between 1 and 17% as recently as 2020, we have to wonder: why is the number so much higher for this community of women? With our knowledge of how stress affects the pelvic floor, how much stress is being placed within the confines of our holy buildings?

For individuals raised in evangelical communities, it begins to become clear that the messaging of purity culture may have unintentionally contributed to the prevalence of chronic pelvic pain among young women. The emphasis on maintaining sexual purity as well as the connection of sexual identity with spiritual identity in evangelical doctrines created a society filled with anxiety and confusion about identity. This anxiety and the obligation to maintain a strict ideal of purity frequently became all-consuming, leaving little opportunity for a healthy exploration of one's sexuality within the confines of faith.

While many well-meaning members of the Christian community attempt to transmit these lessons in hopes of protecting young women, the unintended effects result in a suffocating environment in which young women feel even more alienated and vulnerable. The gap between intent and outcome highlight the difficulty of addressing these delicate problems in religious contexts. Society's lack of conversation surrounding sexual topics and complications such as these only contribute to this outcome.

After being diagnosed with vulvodynia, Taylor Goff began the only solution she could to navigate the pain: pelvic floor physical therapy.

The process, which helps train the vaginal canal to alleviate the pain, was an isolating one for Goff, as it is for most women.

Sarah Grace M. also found the process of pelvic pain therapy to be an isolating one that was hard to maintain as an option to address her condition of vaginismus.

> "Doing pelvic floor therapy, it's kind of like a giant circle of being in pain and trying to get your body used to it," Sarah Grace said.

Vaginismus, characterized by frequent spasms and tightening of muscles beyond the vaginal canal, necessitates techniques like dilators and internal stretching in pelvic floor therapy to alleviate discomfort and teach the body to tolerate it.

Going to physical therapy, Sarah Grace did find the people at the clinic to be nice and helpful with her condition. However, with her insurance only covering a certain amount of her sessions and her busy schedule as a nursing student, she wasn't able to keep up with the treatment.

While the treatment can be helpful for some conditions, especially with women after they give birth and helping with incontinence with older women, Sarah Grace said the demands of it weren't peaceful for her as a college student.

Hannah Bohl, a pelvic floor physical therapist based in Bentonville, offers a perspective on the physical aspect of women's journey, particularly those navigating pelvic pain and related conditions within her nine years of practice.

In physical therapy, Bohl focuses not only on the treatment of muscular issues but also the recalibration of the nervous system to adapt to stressors, along with retraining breathing patterns to support pelvic floor function.

The pelvic floor needs to be able to support, Bohl said. It needs to be a sump pump, as she calls it, because the pelvic floor helps carry fluid from the lower half of the body up. It's a stabilization, Bohl explains. The pelvic floor helps attenuate all of the forces from the top to the bottom of our body.

Bohl also works with pelvic pain incontinence, postpartum, antepartum, and people who have gut disorders, such as irritable bowel syndrome. While physical therapy can't necessarily change the systemic issues, it can change how the body adapts to them.

Knowing that it's more than a physical component for these women to address, it becomes clear that addressing the emotional aspect of pelvic pain management is also critical for overall healing. While physical treatment focuses on muscle difficulties and pelvic floor function, Bohl also highlights the importance of mental health therapy in women's journey to overcome chronic pelvic pain.

Talk therapy with a psychologist or psychiatrist can be beneficial for those dealing with pelvic pain, since it provides complete care for both the body and the mind. Cognitive behavioral therapy, a kind of talk therapy, is especially effective since it focuses on identifying and addressing harmful thought patterns, thus encouraging a healthy mentality.

"I recommend that every woman who has chronic pelvic pain, or really even chronic in a sense of older than a month, have a mental health therapist on their team, because it is so impactful and it is such a part of a woman's identity," Bohl said.

Mental health professionals and talk therapy relieves stress by helping create a secure environment for women to recover and cope with the emotional elements of their pain.

Bohl compares the necessity to a game of baseball, saying, "It

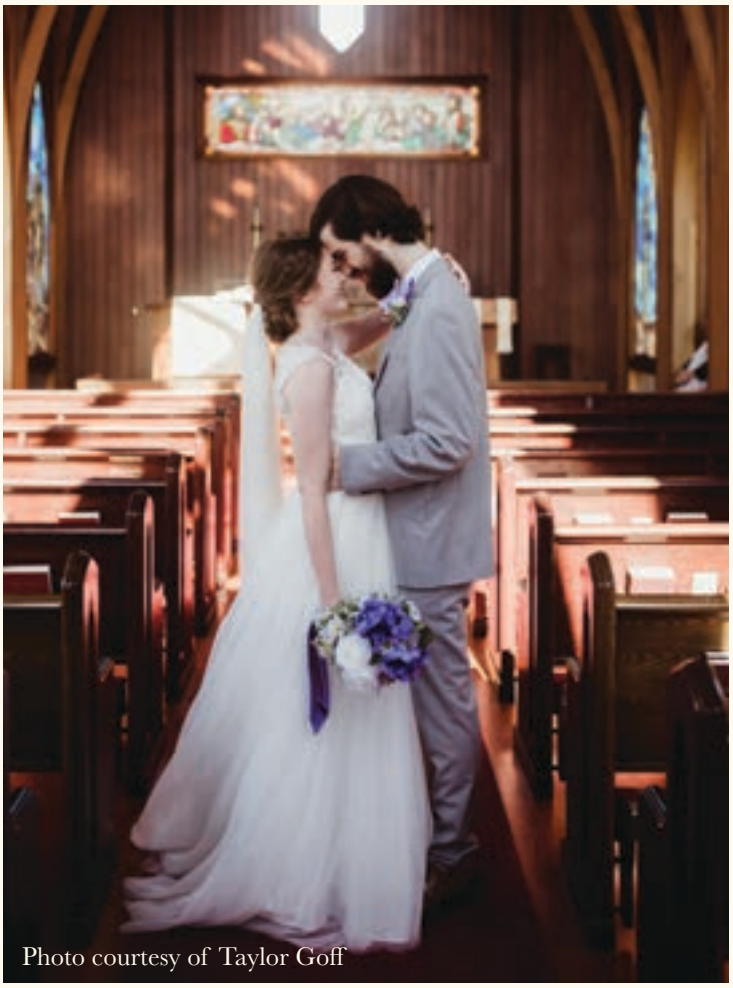

Photo courtesy of Taylor Goff

almost be like a center fielder not having a right fielder or a left fielder. You just can't do it, you can't have a full out field if you're missing team members."

Despite the persistence in pursuing a natural method of pain relief, Marie reached a breaking point by the end of the year, feeling unable to cope with the solution of expensive numbing agents and dilators any longer.

In the majority of women's cases, born with these diagnoses rather than developed from birth control and other secondary factors, surgery becomes the only viable treatment option. Grateful that her physician recommended surgery as a last resort, Marie decided to proceed with the procedure after exhausting all other avenues without success.

Two years after her diagnosis, Marie had a vestibulectomy, which surgically removed the painful tissue around the vulva. While the recovery and down time for her was extensive, Marie said the results were helpful. She said her condition is less sensitive without the tissue but she still suffers from limited pain and it's more from the muscles contracting in preparation for potential pain.

"My pathology report came back and it said that there was evidence of chronic inflammation," Marie said. "Which for me was just kind of a validation of I did the right thing."

On the battlefield of intimacy, both partners in the relationship are affected. There are even stories online of husbands leaving their wives because of their inability to engage in sexual intimacy, Goff tells me.

But for Taylor and Judah Goff, both coming from a place of hurt and wanting to find solutions, they sought a marriage counselor to help navigate the conversations that needed to be had.

Judah admits to feeling like he wasn't as supportive as he could have been for Taylor in the beginning.

"I just wouldn't have the mental capacity to really understand. I don't know why," Judah said. "A lot of the times that's something that kind of goes with the purity culture is just like men, you aren't taught to have feelings or to have emotions, or anything like that. It's just like, you can be angry or horny, and that's it."

Judah says it was a process of coming to terms with Taylor's situation and understanding how to talk about it.

The Department of Rehabilitation Science and Health Technology Oslo Metropolitan University in Oslo, Norway, conducted a study in 2023 on heterosexual couples with vulvodynia. They concluded that couples with vulvodynia have difficulty communicating with their spouses, health providers, and their social networks. This reinforces avoidance and endurance behavior, causing pain and dysfunction over time, along with instilling emotions of helplessness and loneliness. In couples with vulvodynia, social expectations about male and female sexuality lead to feelings of guilt and humiliation for both partners.

Their findings suggested that heterosexual couples living with vulvodynia, as well as health professionals treating them, should be assisted in communicating more effectively in order to break the cycle of detrimental avoidance.

"If you've been shamed to talk about sex, then how is that switch supposed to flip once you start having sex?" Taylor Goff said. "There's no magic switch. But also, if you've been shamed for even asking for full sex education, why would you ask your doctor? Why would you ask a parent? Why would you ask a friend?"

Before her surgery, Marie's journey through the challenges of her condition reflects an emotional and psychological toll on both herself and her husband. The early months of their marriage, with the inability to consummate their relationship, Marie plunged into a deep sense of despair and self-blame.

Marie said she categorizes those first four months as the worst months of her life. Being a state away from family who probably still wouldn't have been able to comprehend their

issue, and even the newlyweds they knew weren't dealing with similar issues, Marie and her husband felt alone in their pain. During these trialing four months, she said she grappled with suicidal thoughts, feeling as though she had trapped her husband in a marriage devoid of the intimacy they both yearned for.

"I got so close as to grabbing a bottle of pills and debated taking them," Marie said. "Because I was just so alone, and I felt so ashamed of my body not working, of not being able to have that part of the relationship with my husband that we both had looked forward to and we know is supposed to be this beautiful, wonderful thing. And it's not."

Feeling this tremendous guilt, Marie constantly asked herself what was wrong with her body. She felt that her husband would be better off without her, and death was that option. Getting her diagnosis came as a relief to Marie, making her feel certain that it was something out of her control and nothing she was doing to herself, and that there were others who faced the same struggle. She said it still took personal therapy to put in the work of building up her self-worth and working through those feelings.

Marie said that her husband unintentionally also put a lot of pressure on her, especially after the diagnosis and receiving their forms of treatment.

As their therapist puts it, Marie's husband took on a "taskmaster" role and was reminding Marie of all things she alone should be doing because of her diagnosis, such as using her dilators and creams. This kind of demand only contributes to the kind of isolation Marie felt with her diagnosis.

The lack of open dialogue and societal awareness surrounding sexual health, especially in religious circles, further compounded their struggles, highlighting the urgent need for comprehensive sex education and communication tools for both men and women. Most men, similar to Judah Goff and Marie's husband, have never been taught about these kinds of situations in our sex education and don't have the tools to discuss them.

Marie said her husband would sometimes try not to assert that mentally-damaging pressure but would therefore bottle up those feelings. Another issue men in our society are still learning how to handle.

"But then that often led to him having those feelings kind of exploding out at different times," Marie said. "Most of our arguments, if they would not start off about intimacy or sex, but then they would always lead to intimacy or sex because those feelings were still there. He just didn't want to express them because he knows how hard it is for me."

Similar to Taylor and Judah, Marie and her husband found couples therapy to be a solution to healthily navigating these conversations of intimacy.

Going into graduate school, Goff began to deviate from courses geared towards child therapy and started taking more sexual health courses and training later after graduating. While attending Harding University, Goff also trial ran her first pelvic-pain group.

In a paper for her group therapy class, Goff wrote, "The function of this group is to provide a safe and confidential environment where people with vulvovaginal pain and pelvic floor dysfunction can thrive without feeling isolated."

The group's needs were to experience a sense of community and to feel as if they were no longer alone in their pain. While the lack of conversation in our society may make them feel alone in their pain, there are countless others with similar experiences.

Today, Goff continues to explore the connection between mental health and pelvic pain with her six-week curriculum. With her available space, she is only able to have group therapy with four women at a time per week and hopes to eventually find a larger space to help more women with her pelvic pain group.

This fall, Goff will start her Ph.D. in Clinical Sexology at the International Institute of Clinical Sexology.

The Goffs continue their relationship with the church, and even though Taylor said it's taken a lot of deconstruction and changing to a Lutheran denomination, she feels she's found a safe space within her current church where she's able to discuss topics such as these. During her panel at her Christian women's health conference, the "Wonderfully Made Symposium," she plans to discuss similar sexual topics and how to navigate conversations about relationships with partners.

The motto of Goff's church is "change church," because Goff said church shouldn't look the same as it did in her childhood and should never look the same from week to week. Goff finds that the church she goes to now doesn't chalk up the complexities of life to being taboo, but rather discussions to be had together.

Goff explains how, when you've conditioned your life within the church, it's natural for the body to protect itself with the messages you've heard. While some people are born with these pelvic conditions, our society reflects the inability of people to have these conversations around them.

"If you're taught to never talk about sex, you're never taught to talk about issues with sex," Goff said. "So when something's wrong, who do you turn to?" ✯✯✯