

A Summary of Study
Results:
Relationship variables,
pain, and psychosexual
functioning in women with
provoked vestibulodynia
(PVD) and their partners

Thank you to our participants for taking part in this research. From this project, we are moving forward in our work to help couples experiencing PVD.



Contact us to participate in our new project including the treatment study mentioned here!

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What was the purpose of this study?

Genital pain associated with sexual intercourse is a major health concern in premenopausal women. One prevalent condition affecting 7-12% of women is provoked vestibulodynia (PVD); a sharp/burning pain resulting from pressure applied to the vulvar vestibule or attempted vaginal penetration (e.g., sexual intercourse). Women with PVD report disruptions to all aspects of their sexual health, including lower intercourse frequency, desire and arousal, and orgasmic success, as well as higher psychological distress. Male partners of women with PVD also experience negative effects to their sexuality, including lower sexual satisfaction and erectile difficulties. Given the intimate nature of this condition and the fact that the pain impacts both members of the couple, we were interested in increasing knowledge of relationship factors associated with PVD.

The relationship factor that we studied is how male partners respond to the woman's pain during or after intercourse. Women with PVD may communicate their pain to a significant other who may unknowingly respond in a way that can negatively or positively impact her pain and the coping and sexuality of both members of the couple. The following three types of partner responses have been identified (with examples listed):

Types of Partner Responses

Solicitous: Expressions of sympathy, attention and support

- * *"Suggested we stop engaging in current sexual activity"*
- * *"Comforted me"*

Negative: expressions of hostility and frustration

- * *"Expressed anger at me"*
- * *"Expressed frustration at me"*

Facilitative: encouraging of woman's efforts at coping with pain

- * *"Seemed happy that I was engaging in sexual activity"*
- * *"Told me that he loves me"*

An important difference between these partner responses is that solicitous and negative responses promote avoidance of all sexual activities (not just intercourse) whereas facilitative responses encourage adaptive, approach-oriented coping, such as engaging in non-painful sexual behaviours.

The goal of the current study was to examine whether male partner responses were associated with women's pain and the psychological, sexual and relational well-being of women with PVD and their partners through retrospective report and also in their day-to-day sexual interactions (i.e., via daily diary reports).

What did we do in the study?

Couples in which the woman was diagnosed with PVD completed validated self-report questionnaires that assessed partner responses, relationship satisfaction, sexual satisfaction, sexual functioning, and psychological adjustment. Women also completed measures of her pain experience. Some participants completed at-home daily diaries for eight consecutive weeks, measuring similar variables.



What did we find?

A total of 111 couples completed questionnaires in the laboratory and 70 of these couples also completed the daily diaries. Below is a summary of the findings for the daily diaries as these results represent a slightly more nuanced (i.e., specific) picture of the role of partner responses in couples' with PVD. *Please note that the results are specific to reports on days when sexual activity was recorded for the couple.*

Solicitous partner responses:

- * On days when women reported more solicitous partner responses than usual, her pain increased and her sexual function decreased.
- * On days when her male partner reported greater solicitous responses than usual, women's pain increased and her sexual functioning and sexual satisfaction decreased.
- * On days when men reported more solicitous responses than usual, his sexual functioning and sexual satisfaction decreased.

Negative partner responses:

- * On days when women perceived more negative partner responses than usual, her pain and depressive symptoms increased and her sexual function and sexual satisfaction decreased.
- * On days when men reported more negative partner responses than usual, his sexual function and sexual satisfaction decreased.

Facilitative partner responses:

- * On days when women reported greater facilitative partner responses than usual, her sexual functioning, sexual satisfaction, and relationship satisfaction increased.
- * On days when her male partner reported greater facilitative responses than usual, women's pain also decreased.
- * On days when men reported greater facilitative responses than usual, his relationship satisfaction increased.

What do the results mean?

Solicitous and negative partner responses may be detrimental to, whereas facilitative may improve women's pain and the psychological and sexual well-being of couples. When attention is directed toward the pain (i.e., solicitous & negative partner responding), a woman and her partner are less able to focus on the pleasurable rewards of the sexual activity, thus interfering with any existing sexual desire and arousal, and leading to greater pain for women and poorer sexual well-being for both. Solicitous and negative responses also encourage greater avoidance and enhance negative thoughts related to the pain, both of which are factors known to increase pain and decrease sexual satisfaction in PVD. Furthermore, negative partner responses convey to women a lack of empathy for their pain, leading to greater depression. In contrast, facilitative partner responding directs attention toward the pleasurable aspects of the sexual interaction, creating a more positive context for the sexual experience, and also encourage more adaptive approach-oriented coping, leading to less pain and more satisfaction.

How will the findings be used?

Results suggest that partner responses should be targeted in psychological interventions for couples designed to reduce women's pain and improve the sexual and relationship well-being of affected couples. Results from this study directly informed our development of a cognitive-behavioural couple therapy intervention (CBCT) for women with PVD and their partners. The efficacy of this intervention is currently being tested in a randomized clinical trial comparing CBCT to a standard medical treatment for PVD – lidocaine.