

ORIGINAL RESEARCH

Approach and Avoidance Sexual Goals in Couples with Provoked Vestibulodynia: Associations with Sexual, Relational, and Psychological Well-Being

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ABSTRACT

Introduction. Provoked vestibulodynia (PVD) is a prevalent vulvovaginal pain condition that is triggered primarily during sexual intercourse. PVD adversely impacts women's and their partners' sexual relationship and psychological well-being. Over 80% of women with PVD continue to have intercourse, possibly because of sexual goals that include wanting to pursue desirable outcomes (i.e., approach goals; such as a desire to maintain intimacy) and avoid negative outcomes (i.e., avoidance goals; such as avoiding a partner's disappointment).

Aim. The aim of this study was to investigate associations between approach and avoidance sexual goals and women's pain, as well as the sexual, relational, and psychological well-being of affected couples.

Methods. Women with PVD (N = 107) and their partners completed measures of sexual goals, sexual satisfaction, relationship satisfaction, and depression. Women also completed measures of pain during intercourse and sexual functioning.

Main Outcome Measures. (1) Global Measure of Sexual Satisfaction Scale, (2) Dyadic Adjustment Scale—Revised or the Couple Satisfaction Index, (3) Beck Depression Inventory-II, (4) numerical rating scale of pain during intercourse, and (5) Female Sexual Function Index.

Results. When women reported higher avoidance sexual goals, they reported lower sexual and relationship satisfaction, and higher levels of depressive symptoms. In addition, when partners of women reported higher avoidance sexual goals, they reported lower relationship satisfaction. When women reported higher approach sexual goals, they also reported higher sexual and relationship satisfaction.

Conclusions. Targeting approach and avoidance sexual goals could enhance the quality and efficacy of psychological couple interventions for women with PVD and their partners. **Rosen NO, Muise A, Bergeron S, Impett EA, and Boudreau GK. Approach and avoidance sexual goals in couples with provoked vestibulodynia: Associations with sexual, relational, and psychological well-being. J Sex Med 2015;12:1781–1790.**

Key Words. Depression; Pain; Provoked Vestibulodynia; Relationship Satisfaction; Sexual Function; Sexual Goals; Sexual Motivation; Sexual Satisfaction; Vulvodynia

Introduction

Provoked vestibulodynia (PVD) is the most frequent cause of unexplained vulvar pain in

premenopausal women, with an estimated prevalence of 7–12% [1,2]. It is characterized by acute recurrent pain localized in the vulvar vestibule and experienced in both sexual and nonsexual contexts.

Previous research indicates that both peripheral and central mechanisms of pain processing, in addition to psychological and interpersonal factors, play a role in the development and maintenance of this condition [3,4]. Women with PVD report negative repercussions to all aspects of their sexual functioning including lower sexual desire, arousal, difficulties with orgasm, and decreased frequency of intercourse in comparison with women without PVD [5–7]. Further, both women with PVD and their partners report lower sexual satisfaction compared with pain-free controls or scale norms [8,9]. Given that sexual well-being is an integral component of overall relationship quality [10], it is not surprising that both women with PVD and their partners report negative consequences to their relationships [8,11,12]. Qualitative studies depict women's feelings of guilt and inadequacy as a partner [13], as well as fears of losing or disappointing their partner because of the pain [11,12]. Finally, controlled studies have found that both women with PVD and male partners report increased rates of psychological distress, such as depressive symptoms [14,15].

Thus, the most significant interference of PVD in couples' lives is with their sexual and intimate relationship, suggesting that interpersonal variables may be especially relevant for this condition. Interpersonal factors, such as partner support and couple verbal communications, have been found to impact the risk for developing and maintaining other chronic pain conditions and associated impairments [16,17]. In recent years, relationship variables including couple intimacy, attachment style, sexual communication, and partner responses to painful intercourse have been linked to women's pain and the adjustment of both members of the couple [18–21]. Several of these studies have shown that partner-reported variables, such as partner pain catastrophizing, acceptance, and solicitousness (i.e., expressions of sympathy and support), directly influence women's level of functioning [22–24].

Although many women with PVD avoid sexual activity to reduce the pain, over 80% continue to have penetrative sex on a regular basis [25]. A recent conceptualization of sexual pain suggested a potentially important variable—motivation [26]—in the maintenance of these disorders, although empirical data are limited (with the exception of Brauer et al. [27]). In contrast, there is strong evidence that goals—a desired end state that drives voluntary actions—figure prominently in the adaptation of individuals living with other

chronic pain conditions [28–31]. In one study, strong reasons for persisting in a painful task and strong pain avoidance goals were each associated with increased pain severity and disability in individuals with chronic musculoskeletal pain [31]. In PVD, excessive persistence with painful intercourse may lead to nociceptor sensitization and abnormal nerve proliferation further exacerbating the pain [3]. The association between persisting with painful intercourse and greater pain and impairments may depend on an individual's goals for engaging in sexual activity.

Consistent with the recent emphasis on incorporating the social context of pain [16], many of the goals of individuals with pain are interpersonally driven, such as a desire for support, although such goals have not been systematically examined. According to the approach-avoidance theoretical framework, individuals in relationships can be focused on pursuing a desirable (i.e., approach goal) or averting a negative (i.e., avoidance goal) outcome [32]. Applied to sexuality, approach sexual goals focus on obtaining positive outcomes such as a partner's happiness or increased intimacy in the relationship, whereas avoidance sexual goals focus on evading negative outcomes such as a partner's loss of interest in sex or conflict in the relationship. In community samples, higher approach sexual goals have been linked to greater relationship and sexual satisfaction and sexual desire, whereas higher avoidance sexual goals have been associated with lower reports of satisfaction and desire [33,34]. Further, in daily experience studies, when one person had higher approach goals, their partner experienced higher sexual and relationship satisfaction, and when one person had higher avoidance goals, their partner reported lower satisfaction [34,35]. Thus, a person's sexual goals have the potential to promote or detract from their partner's experience, above and beyond the influence of their partner's own goals.

In qualitative studies, women with PVD have reported interpersonal goals for sexual activity that include wanting to feel closer to and wanting to avoid losing their partner [11], suggesting that both approach and avoidance goals are present in this population. A recent study found that women with self-reported PVD endorsed more goals for engaging in sexual intercourse related to mate guarding (i.e., wanting to protect or keep their partner) and concerns about duty/pressure, both of which are conceptually avoidance motivated in nature, compared with controls [27]. On the one hand, those with stronger approach goals may be

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