

PAIN

## Why Us? Perceived Injustice is Associated With More Sexual and Psychological Distress in Couples Coping With Genito-Pelvic Pain



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### ABSTRACT

**Introduction:** Provoked vestibulodynia (PVD) is the most frequent cause of genito-pelvic pain/penetration disorder (GPPPD) and is associated with negative psychological and sexual consequences for affected women and their partners. PVD is often misdiagnosed or ignored and many couples may experience a sense of injustice, due to the loss of their ability to have a normal sexual life. Perceiving injustice has been documented to have important consequences in individuals with chronic pain. However, no quantitative research has investigated the experience of injustice in this population.

**Aim:** The aim of this study was to investigate the associations between perceived injustice and pain, sexual satisfaction, sexual distress, and depression among women with PVD and their partners.

**Methods:** Women diagnosed with PVD (N = 50) and their partners completed questionnaires of perceived injustice, pain, sexual satisfaction, sexual distress, and depression.

**Main Outcome Measures:** (1) Global Measure of Sexual Satisfaction Scale; (2) Female Sexual Distress Scale; (3) Beck Depression Inventory-II; and (4) McGill-Melzack Pain Questionnaire.

**Results:** After controlling for partners' age, women's higher level of perceived injustice was associated with their own greater sexual distress, and the same pattern was found for partners. Women's higher level of perceived injustice was associated with their own greater depression, and the same pattern was found for partners. Women's higher perceived injustice was not associated with their own lower sexual satisfaction but partners' higher perceived injustice was associated with their own lower sexual satisfaction. Perceived injustice was not associated with women's pain intensity.

**Conclusion:** Results suggest that perceiving injustice may have negative consequences for the couple's sexual and psychological outcomes. However, the effects of perceived injustice appear to be intra-individual. Targeting perceived injustice could enhance the efficacy of psychological interventions for women with PVD and their partners.

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**Key Words:** Genito-Pelvic Pain; Provoked Vestibulodynia; Perceived Injustice; Sexual Satisfaction; Sexual Distress; Depression; Pain

### INTRODUCTION

Provoked vestibulodynia (PVD) is a common idiopathic vulvovaginal pain condition. With a prevalence of 8–12%

in community samples, PVD is the most frequent cause of genito-pelvic pain/penetration disorder (GPPPD) in premenopausal women.<sup>1</sup> It is often characterized by a recurrent and burning pain upon pressure to the vestibule, such as during vaginal penetration or tampon insertion.<sup>2</sup> This persistent pain affects women and their partners' well-being, and women report significantly lower sexual satisfaction and more sexual and psychological distress compared with women without PVD.<sup>3–9</sup> The fact that this condition is often misdiagnosed or ignored may partly explain women's distress. Indeed, only 56.5% of women seek medical help, and of these, 30% to 50% do not receive a diagnosis.<sup>1</sup> Women with PVD also report a sense of shame, invalidation, and isolation, and may blame themselves for their condition,<sup>10</sup> viewing it as unfair. Given the central role of

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sexuality in individuals' quality of life, and the fact that PVD often affects young couples, many afflicted women and their partners may experience a sense of injustice, in particular with regards to the loss of their ability to have a "normal" sexual life. However, how this sense of injustice relates to the main features of PVD, such as pain, sexual, and psychological difficulties, has not been studied to date.

Perceived injustice is a multidimensional construct, comprising elements pertaining to the severity of loss, irreparability of loss, blame, and a sense of unfairness primarily developed in the context of a musculoskeletal injury.<sup>11</sup> Previous studies have shown that perceived injustice is prone to emerge when individuals face situations characterized by a violation of basic human rights or that challenge equity norms and just world beliefs.<sup>12–14</sup> Perceived injustice is a psychosocial factor that is socially patterned and is associated with psychological consequences such as anger, powerlessness, guilt, or depression.<sup>15</sup> Research is accumulating highlighting the negative impacts of perceived injustice on mental health outcomes. Indeed, experiencing victimization due to an injustice contributes to negative cognitive styles that in turn increase the vulnerability to depression.<sup>16</sup> Studies have also shown that greater perceived injustice in nonclinical samples was associated with more depressive symptoms.<sup>17,18</sup> To date, few researchers have conducted studies focusing on the consequences of perceived injustice in individuals with chronic pain, such as fibromyalgia,<sup>19</sup> rheumatoid arthritis,<sup>20</sup> whiplash injury,<sup>21</sup> osteoarthritis,<sup>22</sup> or a work-related musculoskeletal injury.<sup>23</sup> A study involving 85 individuals with whiplash injuries showed that higher levels of perceived injustice were associated with higher levels of pain intensity, depression, and disability.<sup>24</sup> In other studies, individuals with higher levels of perceived injustice displayed more protective pain behaviors, such as avoidance, associated with these adverse outcomes.<sup>23,25,26</sup> Furthermore, a number of cross-sectional studies have shown associations between perceived injustice and more negative mental health outcomes, such as depressive symptoms.<sup>11,27,28</sup> In a prospective study of individuals affected by osteoarthritis, pretreatment perceived injustice levels predicted greater pain severity 1 year after knee arthroplasty.<sup>22</sup> However, all these studies were of the individual only and did not take a significant other into account.

The Perceived Unfairness Model<sup>15</sup> assesses the influence of perceived injustice on physical health. The model states that perceiving injustice activates a cascade of psychological and physical processes, such as stress, anger, powerlessness, guilt, and avoidance. This cascade can be experienced by the target or by the observer (eg, a partner) of the perceived injustice. According to the model, the victim of injustice may consider the impact of the injustice not only for him or herself, but also for significant others for whom this person has positive regard, such as a romantic partner, enhancing its negative effects for the victim of injustice.<sup>29</sup> This suggests that taking the partner into account may be necessary when studying perceived injustice. In the

case of PVD, both women and partners may consider not only the impact of their condition on themselves, but also may be preoccupied with the impact it might have on their partners, which could contribute to heighten both partners' distress. Moreover, in previous PVD studies, the partner's perceptions and behaviors related to the pain (eg, pain catastrophizing, partner responses) have directly influenced both their own and the woman's level of adjustment and sexual outcomes, which also suggests the need to include the partner.<sup>30–32</sup> In line with this model, the deleterious effects of perceived injustice depend on 2 key components: identity relevance and helplessness to redress the injustice. Knowing that sexuality is a fundamental part of women's identity<sup>33</sup> and that women with PVD often feel a low sense of control or helplessness in modifying their condition,<sup>34,35</sup> these 2 key components could be hypothesized to be elevated in women with genito-pelvic pain and their partners. Perceiving injustice may be an important mechanism by which external injustice (eg, genito-pelvic pain) becomes internalized and influences the sexual and psychological distress of afflicted couples.

Studies in the last few decades also have shown that perceptions of injustice were correlated with lower levels of love and satisfaction in intimate relationships.<sup>36–41</sup> One explanation is that when a source of distress arises in a relationship, such as genito-pelvic pain, negative emotions emerge and signal to the person experiencing the problem that something is wrong, shifting one's attention toward the current difficulty.<sup>42,43</sup> This attention is likely to elicit perceptions of injustice. This explanation suggests that perceptions of injustice may not only be correlated with relationship difficulties but also with sexual difficulties by orienting attention toward the pain. However, the extent to which perceived injustice may be associated with pain, sexual and psychological distress, and sexual satisfaction in couples coping with PVD remains unknown.

## AIM

The goal of the present study was to investigate perceived injustice among women with PVD and their partners, and its associations with pain, sexual satisfaction, sexual distress, and depression. Both members of the couple were included in order to consider the influence of the partner's perceived injustice on their own and their female partner's outcomes. We hypothesized that women's lower perceived injustice would be associated with higher levels of sexual satisfaction and lower levels of pain, sexual distress, and depression. Moreover, we hypothesized that partners' lower perceived injustice would be associated with women's higher levels of sexual satisfaction and lower levels of pain, sexual distress, and depression. Finally, in an exploratory manner, the association between women's perceived injustice and partners' outcomes and the association between partners' perceived injustice and their own outcomes were examined.

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