ORIGINAL RESEARCH—PAIN

Body Image in Women with Primary and Secondary Provoked Vestibulodynia: A Controlled Study

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ABSTRACT

Introduction. Provoked vestibulodynia (PVD) is a women's genito-pelvic pain condition associated with psychosexual impairments, including depression. Body image (BI) has been found to be different in women with primary (PVD1) and secondary (PVD2) PVD. No controlled study has compared BI in women with PVD1 and PVD2 and investigated its associations with sexual satisfaction, sexual function, and pain.
Aims. The aims of this study were to (i) compare BI in women with PVD1, PVD2, and asymptomatic controls and (ii) to examine associations between BI and sexual satisfaction, sexual function, and pain during intercourse in women with PVD.
Methods. Fifty-seven women (20 with PVD1, 19 with PVD2, and 18 controls) completed measures of BI, sexual satisfaction, sexual function, pain during intercourse, and depression.
Main Outcome Measures. The main outcome measures were (i) Global Measure of Sexual Satisfaction Scale, (ii) Female Sexual Function Index, and (iii) pain numerical rating scale.
Results. Controlling for depression, women with PVD1 reported more body exposure anxiety during sexual activities than women with PVD2 and controls $F(2,51) = 4.23$, $P = 0.02$. For women with PVD, more negative BI during sexual activities was associated with lower sexual satisfaction ($\beta = -0.45$, $P = 0.02$) and function ($\beta = -0.39$, $P = 0.04$) and higher pain during intercourse ($\beta = 0.59$, $P = 0.004$). More positive body esteem was associated with higher sexual function ($\beta = 0.34$, $P = 0.05$).
Conclusions. Findings suggest that women with PVD1 present more body exposure anxiety during sexual activities than women with PVD2 and asymptomatic women. Body esteem and general attitudes toward women's genitalia were not significantly different between groups. Higher body exposure anxiety during sexual activities was associated with poorer sexual outcomes in women with PVD. Further studies assessing interventions targeting BI during sexual activities in this population are needed, as improving BI during sexual interactions may enhance sexual outcomes in women with PVD. **Maillé DL, Bergeron S, and Lambert B. Body image in women with primary and secondary provoked vestibulodynia: A controlled study. J Sex Med 2015;12:505–515.**

Key Words. Dyspareunia; Provoked Vestibulodynia; Body Image; Sexual Satisfaction; Sexual Function; Vulvodynia

Introduction

Provoked vestibulodynia (PVD) is the most common form of genito-pelvic pain, or dyspareunia, with an estimated prevalence of 8% in women of the general population [1]. PVD is defined as "vulvar discomfort, most often described as a burning pain, occurring in the absence of relevant visible findings or a specific, clinically identifiable, neurologic disorder," localized to the vulvar vestibule and provoked by pressure [2]. It is associated with significant impairments in sexual and psychological functioning [3]. Women suffering from PVD report lower sexual satisfaction,

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fewer sexual activities, lower levels of sexual desire, subjective arousal and lubrication, and fewer orgasms [4–8].

Studies have found that women with PVD report more symptoms of anxiety and depression, lower self-esteem [8–11], and distress regarding their pain and their sexual functioning, in comparison with women without genital pain [3,12]. One study has shown that women with PVD report a more negative body image (BI) [13] in comparison with women without PVD, yet no studies to date have examined the role of BI in the experience of pain and sexual dysfunction in this population. Given that a negative BI has been associated with negative sexual outcomes in samples of young women without sexual difficulties (e.g., Weaver and Byers and Seal et al. [14,15]), a negative BI may also be associated with lower sexual satisfaction and function in women with PVD.

Women suffering from PVD can be subdivided into two groups: primary (PVD1) and secondary (PVD2). Women with PVD1 have had pain during intercourse since their first penetrative attempt. For women with PVD2, the pain appeared after a period of pain-free intercourse. These two types of PVD each represent approximately 50% of women affected by this condition [16–18]. These two profiles appear to differ on sexual history and socio-demographic characteristics, although studies to date have yielded contradictory findings. Recent results suggest that the two groups do not differ significantly on age [19,20] and age of first intercourse [19]. Both groups also report similar frequencies of intercourse [20]. In terms of psychosexual differences, research published to date suggests that women with PVD1 have more symptoms of depression and are more avoidant of sexuality than women with PVD2 [21]. Conversely, Brotto and colleagues found no group differences between women with PVD1 and PVD2 on measures of depression. In their study, however, women with PVD2 reported lower sexual functioning [19]. The disparities between published studies underline the need for more research comparing the two subtypes of PVD. BI is of particular interest given that women with PVD report experiencing their bodies as defective [22] and that the time of onset of PVD (primary vs. secondary) may be associated with the extent of BI preoccupations. In turn, BI preoccupations may contribute negatively to sexual function and satisfaction in this population of young women coping with a distressing genito-pelvic pain problem.

BI is a multidimensional construct defined as an individual's experience of his or her body, including affective, perceptual, and evaluative components. BI may vary depending on the context in which it is being assessed (e.g., sexual intimacy vs. friendship). It can also be expressed in behavior, such as hiding one's body [23]. A negative BI has been related to intrapersonal difficulties, such as depression, as well as interpersonal struggles such as insecure adult attachment and fear of romantic intimacy [24–29].

BI has been studied in women without genital pain in relation to sexuality outcomes. Women who perceive themselves as good sexual partners are less concerned about the appearance of their bodies in a context of physical intimacy and rate their body and face more positively [30,31]. Regarding sexual satisfaction, some studies highlighted associations between a more positive perception of female genitalia and BI and higher sexual satisfaction [32,33], while other studies found no link between these variables [14,34–36]. These diverging results could be explained by the use of different questionnaires, focusing on distinct facets of BI. With respect to sexual functioning, the most consistent finding across studies is the association between a less positive BI and lower levels of sexual desire [15,34,36]. As for sexual behaviors, women with a more negative BI report a lower frequency of sexual activity and tend to adopt avoidant behaviors toward sexuality [27,30,33,36–38]. In sum, among young women without sexual dysfunction, a more positive BI is associated with a more positive perception of oneself as a sexual partner, higher desire, and higher frequency of sexual activity.

There has been little research examining BI in women with genital pain. The first study investigating BI found that 63% of the sample of women with PVD had endorsed the item of the Beck Depression Inventory (BDI) describing a negative change in BI [10]. Subsequently, Sackett and colleagues [11] found that 73% of their sample of women with PVD reported feeling less sexually desirable and 49% felt less feminine, according to their researcher-developed questionnaire. In a more recent controlled study, women with PVD had lower BI scores than women in a control group [13]. A more negative BI was associated with higher pain perception, more somatization, and more pain catastrophizing in women with PVD. Although interesting, this study did not differentiate women with PVD1 from those with PVD2 [13]. Another study of different types of chronic

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