

Dyadic Sexual Communication in Pre-Menopausal Women with Self-Reported Dyspareunia and Their Partners: Associations with Sexual Function, Sexual Distress and Dyadic Adjustment

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ABSTRACT

Introduction. While there is increasing interest in studying aspects of communication processes in sex research, the association between dyadic sexual communication and relationship and sexuality outcomes has not yet been examined in pre-menopausal women with dyspareunia.

Aim. To examine the associations between dyadic sexual communication and pain, sexual distress, sexual function and dyadic adjustment in women with self-reported dyspareunia and their male partners.

Methods. Pre-menopausal women ($n = 38$; M age = 24.92, $SD = 6.12$) with self-reported dyspareunia from a community sample and their partners ($n = 38$; M age = 26.71, $SD = 6.59$) completed an online survey. The Actor-Partner Interdependence Model was used in order to investigate both actor and partner effects.

Main Outcome Measures. Both members of the couple completed: (i) the Dyadic Sexual Communication Scale and (ii) the Dyadic Adjustment Scale; women also completed (iii) the Female Sexual Function Index, (iv) the Female Sexual Distress Scale, and (v) a Visual Analogue Scale on pain during intercourse; and men also completed (vi) the International Index of Erectile Functioning.

Results. Controlling for relationship duration, women's better dyadic sexual communication was significantly associated with their higher levels of sexual function ($P = 0.028$), lower levels of sexual distress ($P = 0.003$) and higher levels of dyadic adjustment ($P = 0.005$), but not with their pain or men's sexual function or dyadic adjustment. Controlling for relationship duration, men's better dyadic sexual communication was associated with their higher levels of dyadic adjustment ($P = 0.027$) but not with their sexual function, nor with women's sexual function or dyadic adjustment.

Conclusions. These findings contribute to the theoretical knowledge on interaction processes in couples with dyspareunia and suggest that it may be important to enhance open and direct communication about sexual matters in couples with dyspareunia. **Pazmany E, Bergeron S, Verhaeghe J, Van Oudenhove L, and Enzlin P. Dyadic sexual communication in pre-menopausal women with self-reported dyspareunia and their partners: Associations with sexual function, sexual distress and dyadic adjustment. J Sex Med 2015;12:516–528.**

Key Words. Couples; Dyadic Sexual Communication; Dyspareunia; Pain; Partners; Sexual Distress; Sexual Functioning

Introduction

Dyspareunia, or pain during sexual intercourse, is a prevalent condition that affects 5.3 to 19% of pre-menopausal women [1,2]. Recently, dyspareunia is subsumed under Genito-Pelvic Pain/Penetration Disorder (GPPPD) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) [3]. In comparison to pain-free controls and scale norms, women with dyspareunia not only report significant pain, but overall sexuality-related problems such as lower sexual desire [4,5], subjective sexual arousal [5,6] and vaginal lubrication [7,8]. They also report reduced sexual satisfaction [9] and more sexual distress [7,10,11]. Additionally, qualitative studies have shown that they fear losing their partner because of the negative impact of the pain on their general relationship, including sexuality [12,13]. Given that women with dyspareunia show intact physiological sexual arousal in a laboratory setting [14], for most, in a sexual context the pain occurs primarily during partnered sexual activity as they report a lack of sexual problems during masturbation [7]. The recent cross-sectional and daily diary findings show that partner responses and relationship factors may modulate the experience of pain and its associated sexual sequelae [15–17]. However, no research has examined how couple communication, in particular relating to sexuality, might play a role in these outcomes.

Quantitative studies show that women with vulvovaginal pain report feeling uncomfortable discussing sex with their partner [18] and that, in comparison to pain-free control women, those with dyspareunia report worse dyadic sexual communication [19]. Moreover, greater sexual intimacy, which is defined as self—and partner disclosure about sexuality and partner responsiveness and empathy during and following sexual interactions, is associated with greater sexual satisfaction and function in women with dyspareunia [20]. Likewise, lower sexual assertiveness in women with dyspareunia has been associated with lower levels of sexual function and satisfaction [21]. Also, dyspareunia couples in which both partners are low in ambivalence over emotional expression, or the extent to which a person is comfortable with the way he or she expresses emotions, independently of the level of expressiveness, report better sexual function, sexual satisfaction and dyadic adjustment than couples higher in ambivalence. Further in this study, women's lower ambivalence over emotional expression was asso-

ciated with reduced pain intensity [22]. The psychosocial and relational functioning of male partners of women with dyspareunia has been examined in only a handful of studies [7,19,23]. The male partners of women with dyspareunia report similar levels of dyadic adjustment but reduced sexual satisfaction in comparison to norm scores and controls [19,24], in addition to more sexual difficulties than partners of pain-free controls [19,24].

Taken together, findings to date suggest that factors relating to poorer communication processes in dyspareunia couples may be associated with more sexual dysfunction and sexual dissatisfaction in afflicted women. Since male partners report increased sexual difficulties and higher levels of sexual dissatisfaction, they too might be affected by relationship factors. Indeed, a recent dyadic daily diary study has shown that negative and solicitous partner responses to pain may worsen sexual function and satisfaction in partners of women with dyspareunia [17]. However, no study to date has examined how sexual communication specifically may be associated with pain and sexual distress in women with dyspareunia, as well as with sexual function and dyadic adjustment in both members of the couple.

A dyadic approach is increasingly being adopted in chronic pain and chronic illness research. It has been noted that partners may share similar stressors, such that they will refer to “our” illness or pain rather than to “your/mine” illness or pain, pool resources, and actively engage in joint coping efforts [25]. In such dyadic-level theories, the focus is on the couple as the unit of investigation and on studying the coping mechanisms of both patient and partner, which may be challenged and activated to preserve, restore or improve the overall functioning and well-being of the individual, the relationship and the wider social context [26,27]. Several dyadic-level theories stress the role of communication processes in restoring a person's adjustment and enhancing relationship quality. In the Relationship Resilience Model [28], in which strategies that might strengthen or maintain the relationship are summed up, it is suggested that openness or discussing and disclosing information about the relationship with one's partner is one of the mechanisms that might contribute to promoting resilience within the relationship. Other dyadic-level theories, such as the Interpersonal Process Model of Intimacy and the Intimacy Theory [29] suggest that greater intimacy—which is described as a process whereby a person shares

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