Predictors of Task-Persistent and Fear-Avoiding Behaviors in Women with Sexual Pain Disorders

Marieke Brauer, PhD,* Mariëlle Lakeman, MD, PhD,† Rik van Lunsen, MD, PhD,* and Ellen Laan, PhD*

*Department of Sexology and Psychosomatic Obstetrics and Gynecology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; †Department of Obstetrics and Gynecology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

DOI: 10.1111/jsm.12697

ABSTRACT

Introduction. Dyspareunia and vaginismus are the most common sexual pain disorders (SPDs). Literature suggests that many women with dyspareunia continue with intercourse despite pain (task persistence), whereas many women with vaginismus avoid penetrative activities that may cause pain (fear avoidance). Both forms of sexual pain behavior may maintain or aggravate complaints.

Aim. This study examined (i) whether women with SPD differ from pain-free controls in motives for sexual intercourse, sexual autonomy, maladaptive beliefs regarding vaginal penetration, and partner responses to pain; and (ii) which of these factors best predict whether women with SPD stop or continue painful intercourse (attempts).

Methods. Women with superficial dyspareunia (n = 50), women with lifelong vaginismus (n = 20), and pain-free controls (n = 45) completed questionnaires.

Main Outcome Measures. For Aim 1, the main outcome measures were (i) motives for intercourse; (ii) sexual autonomy; (iii) maladaptive beliefs regarding vaginal penetration; and (iv) partner responses to pain. For Aim 2, sexual pain behavior (to continue or discontinue with painful intercourse) was the outcome measure.

Results. (i) Women with dyspareunia exhibited more mate guarding and duty/pressure motives for intercourse and were less sexually autonomous than controls. (ii) Symptomatic women had more maladaptive penetration-related beliefs than controls, with women with vaginismus reporting the strongest maladaptive beliefs. (iii) Partners of women with dyspareunia self-reported more negative responses to pain than those of women with vaginismus. (iv) The factors that best predicted sexual pain behavior were the partner responses to pain and the woman's maladaptive beliefs regarding vaginal penetration.

Conclusions. Our findings reveal support for task persistence in women with dyspareunia and fear avoidance in women with lifelong vaginismus. As such, it is important to consider these distinct types of responding to sexual pain when treating SPD. **Brauer M, Lakeman M, van Lunsen R, and Laan E. Predictors of task-persistent and fear-avoiding behaviors in women with sexual pain disorders. J Sex Med 2014;11:3051–3063.**

Key Words. Sexual Pain Disorders; Genito-Pelvic Pain/Penetration Disorder; Dyspareunia; Lifelong Vaginismus; Sexual Pain Behavior; Task Persistence; Fear Avoidance

Introduction

Dyspareunia and vaginismus are sexual pain disorders (SPD) frequently seen in sexological practice. Dyspareunia, defined as recurrent or persistent pain associated with penile–vaginal intercourse [1], is a common distressing problem in women, with community prevalence rates between 3 and 18% [2]. Vaginismus is a persistent and distressing difficulty to allow vaginal penetration/insertion (of a penis, finger, and/or tampon), despite the woman's expressed wish to do

so [1]. Prevalence estimates of vaginismus vary between 1 and 6% [3]. The mechanisms underlying both conditions are largely unknown [4] and evidence-based treatment options are scarce [5].

Differentiation between dyspareunia and vaginismus using clinical tools is difficult as both conditions are associated with pelvic floor hyperactivity and pain reports upon (attempted) penetration [6,7]. For that reason, dyspareunia and vaginismus have been merged into one genitopelvic pain penetration disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) [8]. However, in clinical practice, it is commonly seen that women with dyspareunia and vaginismus and their partners differ in sexual behavior and in their responses to the pain. That is, many women with dyspareunia persist in engaging in sexual intercourse despite pain and despite therapeutic advice [9–11]. Women who continue to engage in painful intercourse ignore the primary function of pain as signaling damage to the body. According to one explanatory model on dyspareunia, repetitive painful intercourse is hypothesized to result in diminished sexual arousal and vaginal lubrication, and in an inability to relax the pelvic floor muscles on subsequent intercourse occasions because of anticipated pain, which consequently aggravates symptoms [12,13]. In support of this model, recent studies have found that anticipation of pain in a sexual context has a detrimental effect on genital response in women [14,15]. Also, women have been found to react with enhanced pelvic floor muscle function in a threatening sexual context [16–18]. Many women with vaginismus, in contrast, seem to avoid any form of vaginal penetration because of negative cognitions and expectations about vaginal penetration. As a consequence, anxiety-inducing penetration-related thoughts cannot be disconfirmed, and thereby may maintain the condition [19–21].

Based on research in the field of unexplained chronic pain, it has been proposed that there are two different dysfunctional pain behaviors that lead to chronicity of complaints: one group of patients continues with pain-inducing activities, the task persistence group, whereas the other group systematically avoids all activities that may cause pain, the fear avoidance group [22–26]. This differentiation between pain responders supports the clinical impression that dyspareunia is primarily associated with persistence of painful intercourse and vaginismus with avoidance of vaginal penetration. However, to date, both dyspareunia and vaginismus have been approached from the fear avoidance perspective, with research focusing on factors that might reinforce and perpetuate avoidant behaviors [5,27–29]. Women with SPD have never been studied within the theoretical framework of pain-related fear avoidance vs. task persistence.

We propose that at least four possible factors may relate to these two forms of sexual pain behavior. The first factor concerns motives to engage in sexual intercourse. In women with dyspareunia, but not in women with vaginismus, motives to continue painful intercourse (i.e., task persistence) may be driven by the wish to please one's partner, to achieve the image of an "ideal" woman, or by feelings of guilt, duty/pressure, and fear of losing the relationship [10,11,30,31]. Lack of sexual autonomy is the second factor suspected to relate to sexual pain behavior. Autonomy refers to the feeling that one's behaviors are voluntary, chosen, and self-determined, rather than influenced by others [32]. Within a sexual context, autonomy refers to the individual's ability to express sexual desires and exercise choice during sexual activities, and is believed to foster sexually pleasurable experiences [33]. Sanchez and coworkers found low levels of sexual autonomy to be associated with fear of partner's disapproval, diminished sexual pleasure, and sexual dysfunction [33,34]. In line with these perspectives and findings, ignoring the instinctive need to avoid pain through task-persistent behavior might be related to a nonautonomous sexual attitude [9,11]. Third, catastrophic beliefs regarding vaginal penetration are thought to underlie or maintain task avoidance. Women with vaginismus and dyspareunia have been found to report significantly more negative cognitions toward (attempted) vaginal penetration than pain-free controls, with women with vaginismus reporting strongest negative penetration-related cognitions [35,36]. Fourth, partner solicitousness may contribute to task avoidance whereas partner negative responses to the pain may contribute to task persistence. Partner solicitousness has been found to be significantly associated with higher coital pain intensity and greater sexual satisfaction in women with dyspareunia diagnosed with provoked vestibulodynia (PVD) [27–29]. Hence, it has been argued that highly solicitous partners encourage avoidance of sexual intercourse [27]. In support of this assumption, individuals with a chronic pain condition display more avoidant behavior during a pain-inducing task in the presence of a solicitous