

ORIGINAL RESEARCH—PAIN

Sexual Communication, Dyadic Adjustment, and Psychosexual Well-Being in Premenopausal Women with Self-Reported Dyspareunia and Their Partners: A Controlled Study

Els Pazmany, MA,* Sophie Bergeron, PhD,† Johan Verhaeghe, MD, PhD,‡
Lukas Van Oudenhove, MD, PhD,§ and Paul Enzlin, PhD*¶

*Institute for Family and Sexuality Studies, Department of Neuroscience, KU Leuven, Leuven, Belgium; †Department of Psychology, Université de Montréal, Montréal, QC, Canada; ‡Department of Gynaecology, KU Leuven, Leuven, Belgium; §Translational Research Center for Gastrointestinal Disorders (TARGID), Department of Clinical and Experimental Medicine, KU Leuven, Leuven, Belgium; ¶Context—Centre for Couple, Family and Sex Therapy, UPC KU Leuven, Leuven, Belgium

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ABSTRACT

Introduction. Although research that takes into account partner and relationship factors in dyspareunia is slowly emerging, little is known about how these couples communicate about their sexuality. Additionally, partner psychosexual adjustment has not been examined in a controlled fashion.

Aim. This study aimed to compare dyadic sexual communication, dyadic adjustment, psychological adjustment, and sexual well-being of women with self-reported dyspareunia and their partners with those of pain-free control women and their partners.

Methods. Premenopausal women (n = 38; mean [M] age = 24.92) with self-reported dyspareunia, their partners (n = 38; M age = 26.71), as well as pain-free control women (n = 44; M age = 25.86) and their partners (n = 44; M age = 27.95) completed an online survey measuring dyadic sexual communication, dyadic adjustment, anxiety, depression, sexual functioning, and sexual distress.

Main Outcome Measures. Assessments of women and men's (i) dyadic sexual communication; (ii) dyadic adjustment; (iii) anxiety; (iv) depression; (v) sexual functioning; and (vi) women's sexual distress were the main outcome measures.

Results. Compared with pain-free controls, women with dyspareunia reported significantly poorer dyadic sexual communication, a difference not found between partners of women with dyspareunia and control partners. Compared with partners of control women, those of women with dyspareunia reported significantly more impaired sexual functioning. No differences in dyadic adjustment were found between women with dyspareunia and pain-free control women, or between their respective partners. Finally, compared with control women, those with dyspareunia reported significantly more impaired psychological and sexual well-being.

Conclusions. Findings suggest that dyspareunia impacts not only the psychosexual adjustment of affected women but also that of their partners. It seems relevant to include both members of the couple in future research and treatment for dyspareunia. Pazmany E, Bergeron S, Verhaeghe J, Van Oudenhove L, and Enzlin P. Sexual communication, dyadic adjustment, and psychosexual well-being in premenopausal women with self-reported dyspareunia and their partners: A controlled study. *J Sex Med* 2014;11:1786–1797.

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

Introduction

Dyspareunia, or pain during intercourse, now classified as “genito-pelvic pain/penetration disorder” in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [1], is reported by 5.3–19% of premenopausal women [2,3]. Several controlled studies indicate that women with dyspareunia show impaired psychological and sexual functioning. Specifically, these women report more anxiety [4–6], while findings concerning the association with depression have been mixed [7–10]. They also report reduced sexual satisfaction [11], more sexual distress [4,12,13], difficulties with sexual desire [14,15], subjective sexual arousal [15,16], and inadequate vaginal lubrication [12,17]. The fact that these difficulties typically occur in a partnered situation raises questions about the role of the partner and the relationship in the experience of dyspareunia. Although research involving the partner and taking into account relationship factors is emerging, no study has compared psychological and sexual adjustment of partners of women with dyspareunia with that of partners of asymptomatic controls.

To date, most research focusing on relationship factors has been restricted to dyadic adjustment and has yielded conflicting evidence [11,18,19]. While in controlled quantitative studies it was found that the quality of the relationship, as perceived by the women, is comparable with that of controls or within the normal range [12,15,20,21], in qualitative studies women report both a positive and negative impact of dyspareunia on the relationship [22–25]. Two uncontrolled studies incorporated partners’ reports of dyadic adjustment and showed that their scores were within norms of the general population [12,21]. Studies that focused on partner psychosexual characteristics yielded inconsistent findings. Two studies found that in terms of their psychological adjustment, partners of women with dyspareunia scored within age-related norms [12,21], while another study found that they reported more depressive symptoms when compared with norm scores [10]. Further, it was found that these partners reported no sexual dysfunctions during partnered sexual activity or during masturbation [12]. This lack of sexual dysfunctions in partners of women with dyspareunia is somewhat unexpected, in light of the Dual Control Model of sexuality [26,27]. According to this theory, sexual responses are the result of an interaction between sexual excitatory and sexual inhibitory processes, and the inhibition of sexual responses in men can

be adaptive when sexual activity is perceived as potentially dangerous or disadvantageous [26,27]. Based on this model, one might expect that more male partners of women with dyspareunia would report an impaired sexual response in comparison with partners of pain-free controls. However, their generally young age may contribute to their healthy sexual function. Finally, although partners’ sexual functioning has been found to be within the normal range, one study showed that they nonetheless reported more sexual dissatisfaction than norms [21].

Overall, these studies suggest that the dyadic, sexual, and psychological functioning of partners of women with dyspareunia is generally good, with some data pointing toward more depressive symptoms and reduced sexual satisfaction. Recent work examining partner responses suggests that some male partners exhibit negative reactions to the pain, such as hostility and anger [28,29]. Along the same lines, a qualitative study showed that women with dyspareunia report partner reactions of anger and frustration [24]. In addition, studies from the pain literature showed that partners of individuals with other types of chronic pain report more elevated levels of depressive symptoms [30], and therefore it was recommended to include partners in future research. Extending past dyspareunia research by including a control group of partners of pain-free women would shed light on the psychosexual and relational functioning of these men, who are intimately involved in the experience of pain and may also suffer from its negative consequences.

Recent studies on women with dyspareunia have begun to focus on pain-related partner characteristics such as catastrophizing and self-efficacy [31,32] and affective variables such as attachment and intimacy [33,34], showing that these play a role in modulating the experience of pain and associated sexual problems. Most of these factors involve communication about sexuality between both members of the couple. To date, however, no study has investigated sexual communication in couples confronted with dyspareunia. This is striking given evidence from qualitative research about the potentially conflictual and distressing nature of the pain in these relationships [22,23]. In addition, data from chronic pain and cancer couples show that their fear of harming the partner may limit communication about the health problem [30,35,36].

Dyadic sexual communication refers to the discussion of sexual topics with one’s intimate partner

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