

Sexual Function, Relationship Adjustment, and the Relational Impact of Pain in Male Partners of Women with Provoked Vulvar Pain

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ABSTRACT

Introduction. Despite the impact of provoked vulvar pain on women's sexuality and the partnered sexual context in which the pain typically occurs, partners have not been included widely in research.

Aims. To examine sexual and relationship functioning of male partners of women with provoked vulvar pain symptoms using a controlled design and to assess the impact of the pain on their relationship.

Methods. Fifty male pain partners and 56 male controls completed questionnaires to assess sexual communication, sexual functioning/satisfaction, sexual esteem, relationship adjustment, and psychological health. Participants also completed numeric rating scales to assess the importance of sex to them and the extent to which they felt their relationship matched a satisfying relationship. To assess the relational impact of vulvar pain, pain partners were asked to indicate whether the pain had impacted their relationship, and, if yes, rated this impact.

Main Outcome Measures. Main outcome measures included the Dyadic Sexual Communication Scale, the International Index of Erectile Function, the Sexuality Scale, the Dyadic Adjustment Scale, the 12-Item Short-Form Health Survey, and numeric rating scales.

Results. Pain partners reported significantly poorer sexual communication and erectile function and less sexual satisfaction compared with controls. They also reported significantly less affectional expression within their relationships and were more likely than controls to report a discrepancy between their relationship and their idea of a satisfying relationship. Almost 73% ($n = 32/44$) of pain partners reported a negative relational impact of vulvar pain. No significant differences in sexual desire, orgasmic function, sexual esteem, relationship satisfaction and consensus, psychological health, or importance of sex were found between groups.

Conclusions. Provoked vulvar pain partners appear negatively impacted with regard to some sexual and physical aspects of their relationship. As one of the few controlled studies to investigate partner functioning in the context of provoked vulvar pain, this study has future research implications and supports the involvement of partners in treatment. **Smith KB and Pukall CF. Sexual function, relationship adjustment, and the relational impact of pain in male partners of women with provoked vulvar pain. J Sex Med 2014;11:1283–1293.**

Key Words. Provoked Vestibulodynia; Vulvodynia; Dyspareunia; Partners; Sexual Function; Relationship Satisfaction; Sexual Satisfaction; Communication; Pain

Introduction

Vulvodynia refers to chronic genital pain in women that is not attributable to an identifiable cause such as infection [1]. The most common subtype of vulvodynia is provoked vestibulodynia

(PVD), a highly prevalent condition that is experienced by approximately 12% of women in the general population [2]. PVD involves pain that is localized to the vulvar vestibule and is triggered by activities involving contact to the affected area, in particular by vaginal penetration. Indeed, dyspa-

reunia is the main complaint of women with PVD, and PVD is considered to be the most common type of sexual pain condition among women of reproductive age [3].

PVD has a negative impact on women's sexual functioning. Women with PVD report that sexual intercourse is severely painful and often impossible; they also report sexual problems such as decreased desire and arousal, difficulty experiencing orgasm, and less positive feelings toward erotic stimuli in comparison with control women (see [4] for a review). Not surprisingly, PVD is also associated with reduced sexual satisfaction [5]. In addition, women with PVD report feeling inadequate as sexual partners [6], worry about the potential impact of their pain condition on their partners [7], and report impaired psychological functioning, including anxiety and mood issues [8].

Despite the impact that PVD has on women's sexuality and the partnered sexual context in which the pain typically occurs, partners of women with PVD have not been included widely in research. Importantly, research in this area is increasing. For example, recent studies have highlighted the potential influence that partner responses have on a woman's sexual satisfaction [9] and pain intensity [10] in the context of PVD. Examining male partners' attributions associated with PVD, Jodoian et al. [11] found that men who perceived themselves as responsible for the pain and those who perceived PVD to have a global effect on their lives reported significantly worse relationship adjustment. Having a stronger perception of the pain as stable and global was also associated with less sexual satisfaction among male partners. Greater endorsement of negative attributions—having global, stable, and internal responsibility attributions, as well as viewing one's female partner as responsible for her PVD—predicted higher levels of psychological distress among the male partners.

Other studies have examined sexual functioning and relationship satisfaction among male partners of women with PVD in comparison with norms. For example, van Lankveld et al. [12] found low levels of sexual distress and sexual problems among male partners of women with PVD, with no significant difference between men's relationship satisfaction and that of the standardization sample. More recent research also found greater-than-average levels of relationship adjustment and similar levels of overall sexual functioning among male PVD partners compared with norms [10]. Qualitative research and clinical experience

suggest, however, that partners are impacted both sexually and emotionally by PVD and that PVD may result in relational distress for some couples; as an example, some males report feeling angry toward or rejected by their female partner with PVD [13]. With regard to partners' psychological functioning, little research has been conducted, and almost no studies have compared partners of women with PVD to a concurrent control group. However, in one of the few controlled studies in this area, significantly elevated symptoms of depression were reported by male PVD partners in comparison with controls [14].

Overall, there is a need for more controlled research that focuses on the partners of women with PVD. Little is currently known about the impact of PVD on partners, and certain aspects of partner functioning, such as specific sexual concerns and sexual satisfaction, have been assessed only rarely. Given that the pain of PVD is often triggered directly by the partner in a sexually intimate situation, partners may be negatively affected by the role they play in "causing" such pain and may suffer sexual, relational, and psychological consequences associated with PVD. There is also a need to assess partners in order to better target interventions aimed at helping both partners in the couple manage and adjust to life with PVD; despite recognition that partners should be involved in treatment [10,11], partners and couples have not been a main focus of vulvar pain treatment research to date.

Aims

The main purpose of this study was to examine sexual and relationship functioning among male partners of women with provoked vulvar pain symptoms using a controlled design. We specifically examined male partners' sexual communication, sexual functioning, sexual satisfaction, sexual esteem, relationship adjustment, and relationship satisfaction in comparison with partners of control women, as well as how important sex was to them. Men's perceptions of the impact of vulvar pain on their relationship were also assessed. As a secondary objective, we also compared the overall psychological health of the male pain partners and control participants. We hypothesized that partners of women with provoked vulvar pain would report significantly poorer sexual communication, sexual functioning, sexual esteem, and relationship adjustment, as well as significantly less sexual and relational satisfaction, in comparison with control

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