

ORIGINAL RESEARCH—PAIN

Feasibility and Preliminary Effectiveness of a Novel Cognitive–Behavioral Couple Therapy for Provoked Vestibulodynia: A Pilot Study

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DOI: 10.1111/jsm.12646

ABSTRACT

Introduction. Provoked vestibulodynia (PVD), a recurrent, localized vulvovaginal pain problem, carries a significant psychosexual burden for afflicted women, who report impoverished sexual function and decreased frequency of sexual activity and pleasure. Interpersonal factors such as partner responses to pain, partner distress, and attachment style are associated with pain outcomes for women and with sexuality outcomes for both women and partners. Despite these findings, no treatment for PVD has systematically included the partner.

Aims. This study pilot-tested the feasibility and potential efficacy of a novel cognitive–behavioral couple therapy (CBCT) for couples coping with PVD.

Methods. Couples (women and their partners) in which the woman was diagnosed with PVD ($N = 9$) took part in a 12-session manualized CBCT intervention and completed outcome measures pre- and post-treatment.

Main Outcome Measures. The primary outcome measure was women's pain intensity during intercourse as measured on a numerical rating scale. Secondary outcomes included sexual functioning and satisfaction for both partners. Exploratory outcomes included pain-related cognitions; psychological outcomes; and treatment satisfaction, feasibility, and reliability.

Results. One couple separated before the end of therapy. Paired t -test comparisons involving the remaining eight couples demonstrated significant improvements in women's pain and sexuality outcomes for both women and partners. Exploratory analyses indicated improvements in pain-related cognitions, as well as anxiety and depression symptoms, for both members of the couple. Therapists' reported high treatment reliability and participating couples' high participation rates and reported treatment satisfaction indicate adequate feasibility.

Conclusions. Treatment outcomes, along with treatment satisfaction ratings, confirm the preliminary success of CBCT in reducing pain and psychosexual burden for women with PVD and their partners. Further large-scale randomized controlled trials are necessary to examine the efficacy of CBCT compared with and in conjunction with first-line biomedical interventions for PVD. **Corsini-Munt S, Bergeron S, Rosen NO, Mayrand M-H, and Delisle I. Feasibility and preliminary effectiveness of a novel cognitive-behavioral couple therapy for provoked vestibulodynia: A pilot study. J Sex Med 2014;11:2515–2527.**

Key Words. Provoked Vestibulodynia; Vulvodynia; Genitopelvic Pain/Penetration Disorder; Cognitive–Behavioral Therapy; Couple Therapy; Sex Therapy; Sexual Satisfaction; Sexual Function

Introduction

Vulvodynia—idiopathic, recurrent vulvovaginal pain—has a prevalence of 4–28% of women [1–3]. Vulvovaginal pain, often misunderstood and potentially underreported [4], carries stigma for many women [5] and can have deleterious consequences for women's sexual functioning and quality of life [6]. Provoked vestibulodynia (PVD), the most frequent form of vulvodynia among premenopausal women, is characterized as a recurrent, sharp or burning pain triggered by contact to the vulvar vestibule, such as during vaginal sexual intercourse [7]. Extending beyond the mechanics of sexual function, women with PVD also report decreased sexual satisfaction [8] and less positive sexual self-schema [9]. Epidemiological research indicates that anxiety and depression symptoms are significantly more frequent as antecedent conditions or consequences of vulvodynia than in healthy controls [10]. Both women with vulvodynia and their partners report increased rates of depressive symptoms relative to a control sample [11]. While these women do not report significant differences in relationship satisfaction when compared with control women [12], qualitative studies suggest that women with vulvodynia believe the pain can have a damaging effect on the couple's relationship and fear losing their partner because of the pain [13]. Recent research also highlights the significant positive correlation between intimacy and sexual function and satisfaction for women with PVD [14], as well as the influence of attachment styles on pain and sexuality outcomes for both women and partners [15]. Despite the growing evidence for the bidirectional associations between PVD and romantic relationship factors, current treatments typically focus solely on the woman, and no empirically tested treatment has systematically included the partner.

Fueled by a biopsychosocial, multidimensional understanding of pain, there has been a recent increase in the number of studies examining cognitive, affective, and behavioral factors related to PVD and their associations with sexuality outcomes in afflicted women and their partners. With regard to cognitive factors, increased woman-reported PVD pain and negative pain attributions made by the partner have been associated with increased partner psychological distress [16]. Pain attributions refer to one's personal theory or explanation for the pain. In this scenario, partners may be less likely to utilize healthy forms of coping and may feel more helpless in the face of their

female partners' pain. For example, higher degrees of partner-internal and global attributions, or beliefs that the pain is the woman's responsibility and that it affects other areas of the partner's life, were associated with lower couple satisfaction. Moreover, partners' attributions that the pain was global and stable predicted lower partner sexual satisfaction [16]. Thus, the meaning that partners give to the woman's pain problem may impact partners' adaptation to the pain.

Among women with PVD, higher levels of pain-related catastrophizing and lower pain self-efficacy are significantly correlated with higher ratings of pain during sexual intercourse, while greater pain self-efficacy is associated with improved sexual functioning [17]. Recent consideration of the impact of partner cognitive variables in the context of PVD has revealed that higher partner pain catastrophizing significantly contributes to the variance in women's reported pain intensity [18]. For example, partner pain catastrophizing may be manifested by a partner's belief that the woman's PVD pain will never end or that it may get worse. According to the communal coping model, pain catastrophizing represents a coping strategy through which the individual uses communication about the pain to solicit support and attention from others [19], whereas pain self-efficacy refers to one's belief in one's ability to cope with and control the pain. These two cognitive factors may be associated with pain intensity and functioning by promoting or interfering with adaptive coping mechanisms.

Consistent with data from the chronic pain literature, a cross-sectional association between partner responses to the woman's PVD-related pain and pain intensity during intercourse has been reported [20]. Moreover, cognitive pain-related variables, such as pain catastrophizing, have been shown to significantly mediate the relation between solicitous partner pain responding (attention and concern) and increased pain intensity for women [21]. Findings from a dyadic daily diary study showed that sexual functioning improved for women with PVD when they perceived higher facilitative responses (encouragement of adaptive coping) and lower solicitous (attention and concern) and negative (frustration and anger) responses to pain from their male partners, and partners' sexual functioning decreased when they responded to pain in a more solicitous and negative manner [22]. Further research into behavioral factors relevant to the couple's navigation of the pain experience has demonstrated that higher

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