

## Daily Associations Among Male Partner Responses, Pain During Intercourse, and Anxiety in Women With Vulvodynia and Their Partners

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**Abstract:** Vulvodynia is a prevalent vulvovaginal pain condition that disrupts the sexual and psychological health of affected women and their partners. Cross-sectional and daily experience studies suggest that partner responses to this pain influence the psychological and sexual sequelae of affected couples. However, their daily impact on pain and anxiety remain unknown. Using a daily diary method, 69 women (M age = 28.12, SD = 6.68) diagnosed with vulvodynia and their cohabiting partners (M age = 29.67, SD = 8.10) reported on male partner responses to women's pain and anxiety symptoms on sexual intercourse days (M = 6.54, SD = 4.99) over 8 weeks. Women also reported their pain during intercourse. Results indicated that women reported greater pain on days when they perceived higher solicitous and negative male partner responses, and on days when their male partner reported greater solicitous and lower facilitative responses. Women indicated higher anxiety symptoms on days when they perceived more negative male partner responses; men's anxiety symptoms were greater on days when they reported higher negative male partner responses. Targeting partner responses may enhance the quality and efficacy of interventions aimed at reducing pain in women with vulvodynia and couples' psychological distress.

**Perspective:** This article examines the daily associations among male partner responses, women's pain during intercourse, and anxiety in couples coping with vulvodynia. Targeting male partner responses may enhance the quality of interventions aimed at reducing women's pain and the psychological distress of couples coping with vulvodynia.

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**Key words:** Vulvodynia, provoked vestibulodynia, partner responses, chronic pain, anxiety, daily diaries, couples.

The most common type of vulvodynia, an idiopathic gynecological pain condition,<sup>32</sup> is provoked vestibulodynia (PVD). PVD has a prevalence of 8 to 12% in the general population and is characterized by recurrent vulvovaginal pain triggered by pressure to the vulvar vestibule, such as during sexual activity.<sup>30,31</sup> Thus,

it is not surprising that vulvodynia has been associated with negative psychological repercussions for the couple.<sup>2,19,25,35,47,68</sup> Women with vulvodynia report higher anxiety than unaffected women,<sup>19,25,48,50,52</sup> with the diagnosis of an anxiety disorder being both a consequence and an antecedent of vulvodynia.<sup>39</sup> There are few studies of the psychological profile of male partners of women with vulvodynia and of these, some showed no differences from scale norms or a control group,<sup>20,52,73</sup> and 1 study reported greater depressive symptoms.<sup>50</sup> Still, male partners indicate a significant emotional toll of vulvodynia in their lives.<sup>15,68</sup> Biopsychosocial models of chronic pain suggest that the social environment, and especially a spouse, may contribute to maintaining chronic pain conditions and associated distress in both patients and partners,<sup>22,29,75</sup> including in vulvodynia.<sup>2,63</sup> Interpersonal variables may

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exert an important influence on adaptation to this condition because of the central role of sexuality and relationships in vulvodynia.

One interpersonal factor that may affect the couples' pain experience is partner responses to the pain. Fordyce's<sup>23</sup> operant learning theory suggests that a patient communicates pain to their significant other via pain behaviors. In turn, the partner may respond in a reinforcing or punishing manner, thus affecting the patient's pain experience. Evidence from both chronic pain<sup>13,55,56</sup> and the PVD literature<sup>20,57,58</sup> support this theory and the reciprocal nature of these interactions has been established.<sup>6,55</sup> An alternative conceptualization is that partner responses may influence the emotional regulation and intimacy of the couple.<sup>10,11</sup> Validating partner responses may allow the couple to better process and cope with aversive stimuli,<sup>24,45</sup> whereas invalidating responses may be disruptive to couples' emotional regulation, resulting in greater pain and distress.

Although other types of partner responses exist,<sup>49</sup> previous research has emphasized the detrimental impact of solicitous (instrumental support and sympathy) and negative (demonstrations of hostility) responses, and only 1 type of adaptive partner response – facilitative (encouragement of adaptive coping) – has been identified systematically.<sup>66</sup> In cross-sectional studies, greater patient-perceived partner solicitous and negative responses and lower facilitative responses are associated with greater pain in patients with chronic pain<sup>4,12,37,53</sup> and in women with PVD.<sup>20,57,58,61</sup> Greater patient-perceived negative partner responses have also been linked to more anxiety in patients with chronic pain,<sup>12</sup> potentially due to the heightened physiological arousal that may accompany stressful relationship interactions.<sup>40</sup>

Pain and psychosocial adjustment vary considerably within and across days.<sup>1,8,70</sup> Recent studies among chronic pain<sup>7,34,76</sup> and PVD populations<sup>59,60,64</sup> have utilized daily diaries to capture pain experiences that are affected by unique physical, relational, and psychological factors that change across events. Daily associations among male partner responses and the sexual and relationship well-being of couples affected by PVD have been established.<sup>59,60,62</sup> A dyadic daily experience study was conducted to investigate associations between male partner responses and women's pain during intercourse, as well as the couples' anxiety symptoms. It was hypothesized that a woman's pain and anxiety would decrease on days when she perceived greater facilitative and lower solicitous and negative male partner responses, and on days when her male partner reported greater facilitative and lower solicitous and negative responses. A similar pattern of effects was expected for men's anxiety symptoms.

## Methods

### Participants

A complete description of the recruitment procedure for this study, the inclusion/exclusion criteria, and deter-

mination of the final sample is provided in our previous papers.<sup>60</sup> Briefly, the inclusion criteria for women were the following: 1) cohabitating with a male partner for at least 6 months, 2) pain during intercourse that caused subjective distress, occurs(ed) on 75% of intercourse attempts over the last 6 months, and had lasted for at least 6 months, 3) pain resulting from pressure to the vestibule, and 4) pain during the diagnostic gynecological examination. Exclusion criteria were the following: age less than 18 years or greater than 45 years, active infection (either self-reported or previously diagnosed by a physician), vaginismus (defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* as involuntary tightness of the pelvic floor muscles during attempted penetration), and pregnancy. Male partners were required to be 18 years age or older. Forty-five (36%) of the 126 interested participants were deemed ineligible. Of the 81 (64%) couples who satisfied the eligibility criteria and provided informed consent, 9 (10%) couples did not engage in intercourse during the course of the study, and 3 couples (4%) dropped out, which resulted in a final sample size of 69 couples. Women who were included in the analyses did not differ from those who were excluded with regard to relationship status and household income. The women who were included were younger ( $b = -6.33$ ,  $t(76) = -2.77$ ,  $P = .01$ ), less educated ( $b = -2.83$ ,  $t(76) = -3.04$ ,  $P = .01$ ), and had experienced pain for a shorter period ( $b = -4.50$ ,  $t(76) = 2.87$ ,  $P = .01$ ) than those who were excluded.

### Procedure

The current study used data collected from a larger completed study (some results have been published previously), focusing on different patient outcomes including sexual functioning, sexual and relationship satisfaction, and depression.<sup>59,60,62,64</sup> The current article focuses on associations between male partner responses and women's pain during intercourse, which has been shown to be unrelated to indices of sexual and relationship well-being in this population,<sup>3,18,58</sup> as well as anxiety experienced by both women and partners. Detailed information regarding the study procedures can be found in our previous publications. In brief, participants were instructed to complete the daily diaries independently for 8 consecutive weeks via survey links that were emailed individually to each participant. Daily diaries included a question about whether sexual intercourse had occurred in the preceding 24 hours, as well as other measures that are not pertinent to the current study. On days when intercourse was reported in the preceding 24 hours, women completed measures of perceived male partner responses to her pain, as well as measures of pain during intercourse and anxiety symptoms, whereas men completed measures of their own responses to the woman's pain and their own anxiety symptoms. We used several methods to promote diary participation, described previously.<sup>60</sup> The total rate of diary completion was 86.12% (6655 diaries of a possible 7728), with a

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