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5

Psychosexual aspects of vulvovaginal pain

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Vulvovaginal pain problems are major health concerns in women of childbearing age. Controlled studies have shown that vulvovaginal pain can adversely affect women and their partners' general psychological well-being, relationship adjustment, and overall quality of life. These women have significantly lower levels of sexual desire, arousal, and satisfaction, as well as a lower intercourse frequency than normal controls. They also report more anxiety and depression, in addition to more distress about their body image and genital self-image. Empirical studies indicate that specific psychological and relationship factors may increase vulvovaginal pain intensity and its psychosexual sequelae. Randomized clinical trials have shown that psychosexual interventions, namely cognitive–behavioral therapy (CBT), are efficacious in reducing vulvovaginal pain and improving associated psychosexual outcomes. Women reporting significant psychological, sexual, and/or relationship distress should be referred for psychosexual treatment. A multimodal approach to care integrating psychosexual and medical management is thought to be optimal.

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Vulvovaginal pain problems are major health concerns in women of all ages. As conditions that are often misdiagnosed, mismanaged, trivialized, or ignored, they entail a great personal cost to patients and a significant financial cost to society [1]. A case in point is vulvodynia: a population-based study suggests that the lifetime cumulative incidence of vulvodynia is 16% [2,3] and its incidence is thought to be increasing in young women [4,5]. In fact, many women suffering from vulvovaginal pain are under the age of 30, with community estimates showing that one in five women aged 18–29 report chronic dyspareunia [6]. In addition to disrupting all aspects of sexual function, controlled studies have shown that vulvovaginal pain can adversely affect women and their partners' general psychological well-being, relationship adjustment, and overall quality of life [7,8]. Because of their deleterious impact on sexuality and romantic relationships, vulvovaginal pain problems may indeed carry a heavier psychosocial burden in comparison to other pain problems common in women, with many patients reporting feelings of shame, inadequacy, and low self-esteem [9]. Further, up to 45% of women with vulvodynia report a comorbid-pain condition, and having a comorbidity is associated with increased feelings of isolation and invalidation [10]. In terms of help-seeking behaviors, epidemiological results indicate that only 60% of women who report chronic vulvovaginal pain seek treatment, and 40% of these never receive a formal diagnosis [5]. A recent study involving a community sample showed that women saw an average of five physicians before diagnosis [10]. The quality of health care received by this patient population is thus less than optimal. It has been suggested that a multimodal approach taking into account not only the biomedical components of vulvovaginal pain but also its psychosexual aspects may constitute a promising avenue for managing this complex and multifaceted pain problem, as exemplified by the recent recommendations of the Third International Consultation on Sexual Medicine relating to women's sexual pain disorders [11].

Psychological, sexual, and relationship consequences

Women with vulvovaginal pain show important impairments in many life domains, primarily their sexuality, intimate relationships, and mental health. Specifically, controlled studies have shown that they report significantly less sexual desire, arousal, and satisfaction, more difficulty reaching orgasm, as well as lower frequencies of intercourse and more negative attitudes toward sexuality than pain-free controls [12]. Research conducted in laboratory settings indicates that there are no significant differences between women with vulvovaginal pain and non-afflicted women relative to their physiological level of sexual arousal when exposed to an erotic stimulus, although women with pain tend to report more negative feelings toward the stimulus [13–15]. Both quantitative and qualitative studies show that many women with vulvovaginal pain also report negative changes in their sexual self-esteem and in their body image, such as feeling less sexually desirable, feeling less confident about their sexuality, and feeling less feminine than before [16–19]. Specifically, a study conducted among a community sample of 330 women showed that, in comparison to pain-free controls, women with vulvovaginal pain reported significantly more distress about their body image and a more negative genital self-image. Moreover, a more negative genital self-image was strongly and independently associated with an increased likelihood of reporting vulvovaginal pain, above and beyond anxiety [20]. In the same community sample of women with vulvovaginal pain, worse self-image cognitions about vaginal penetration contributed uniquely to increased pain intensity, whereas worse self-image cognitions about vaginal penetration and genital self-image contributed to poorer sexual functioning. Finally, worse self-image cognitions about vaginal penetration, body image, and genital self-image each contributed independently to increased sexual distress [21]. These findings suggest that body image and genital self-image are significantly poorer in women with vulvovaginal pain and may influence key pain and sexuality outcomes.

Although there appear to be no differences in relationship satisfaction between women with vulvovaginal pain and asymptomatic controls, and no association between relationship satisfaction and pain in women with vulvovaginal complaints [22], this intimate pain nonetheless puts a significant strain on romantic relationships. Indeed, the fear of losing one's partner is noted across samples of women with vulvovaginal pain [23,24]. It thus may come as no surprise that most afflicted women choose to continue engaging in vaginal penetration despite the pain and the limited satisfaction they derive from this sexual activity [25]. The question of why women continue to have sex