

Quality of life for couples can be improved despite PVD (vulvar vestibulitis)

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Spouses who regulate their emotions together in a satisfactory manner are more fulfilled sexually, psychologically, and relationally, among couples in which the woman has provoked vestibulodynia (PVD), also known as "vulvar vestibulitis".

This was discovered by Nayla Awada, a doctoral candidate in psychology at the Université de Montréal, in a study which she conducted with 254 couples in which the woman was diagnosed with PVD. PVD is characterized by often chronic pain felt on the "vestibule," or entrance of the vagina, especially during penetration. The pain is usually burning in sensation. This pain, for which causes are unknown, affects 12% to 15% of women of childbearing age.

Significant impact

The pain caused by PVD has significant sexual and psychological consequences.

On the one hand, affected women have greater anxiety, <u>psychological</u> <u>distress</u>, and depression. On the other hand, the pain greatly decreases a <u>woman</u>'s ability to achieve orgasm, as well as desire and arousal, which generally causes a decrease in the frequency of sexual relations.

Awada wanted to examine how couples who are better able to regulate their emotions are more satisfied relationally, psychologically, and



sexually, compared to couples who are ambivalent in their expression of emotions. First, using a pain assessment questionnaire, she observed that women in her sample suffered from PVD for more than five years on average, illustrating the chronic nature of this type of pain. She then distributed a questionnaire to both partners of couples to measure the degree of ambivalence in each partner's ability to express his or her emotions in various situations.

"Ambivalence in expressing emotions indicates oneself dissatisfaction with the way one expresses emotions," says Awada. "The more ambivalent you are, the less you are able to communicate your emotions satisfactorily, and the more you are likely to be uncomfortable with your partner." For example, when angry individuals avoid talking so as not to be misunderstood, or express themselves more aggressively than they intended to, they are communicating ambivalently. In Awada's study, these situations are associated with a more difficult adaptation to the pain in the couples. "In addition, ambivalence of both partners is related to greater emotional distress and more sexual and relational difficulties in the couples," says Awada.

Lastly, the researcher found that when at least one of the partners is ambivalent in expressing his or her emotions, the couple is more likely to experience relational dissatisfaction and psychological distress. Furthermore, it seems that ambivalent women have greater vestibular pain compared to less ambivalent women. Therefore, links between a better emotional regulation and pain need to be further examined in this population. "Communicating well does not necessarily mean saying everything, but rather that each partner is consistent with his or her needs," she says. This may mean "negotiating" sexual activities, such as having relations without penetration, which does not prevent one from having a satisfying sexual intimacy.

Clinical applications



According to Awada, the study she conducted is the first to focus on emotional regulation in the management of sexual pain in couples. "Emotional regulation has been addressed in studies on chronic pain in a broader sense, but not for pain occurring during sexual intercourse, which is nevertheless frequent and a source of great distress," says Awada, who is currently completing a specialized internship in chronic pain in order to enrich her clinical understanding of this problem.

Provided by University of Montreal

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