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When sex hurts: Avoid, endure or try something different?

Linnéa Engman*, Ida Flink, Johanna Thomtén & Steven Linton
Center for Health and Medical Psychology (CHAMP), Örebro University, Sweden
*Corresponding author: linnea.engman@oru.se



BACKGROUND

Recurrent vulvovaginal pain is a common problem with evident negative effects on sexual function and -satisfaction, as well as on overall quality of life. Despite these extensive consequences little is known about how women with vulvovaginal pain actually cope with pain triggering sexual activities and the subsequent pain.

In other pain populations, avoidance- and endurance strategies of coping with pain inflicting activities have been shown to be important for both the development and the maintenance of chronic pain. Regarding vulvovaginal pain some guidance exists from qualitative research where three main strategies have emerged: avoidance, endurance and alternative coping.

AIMS

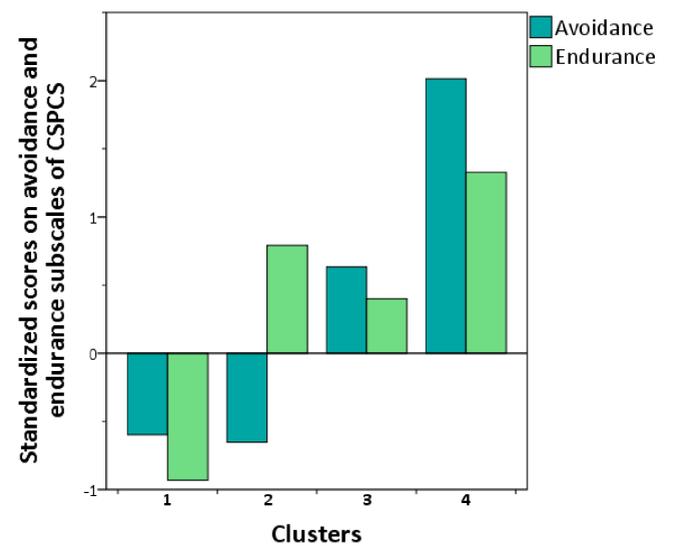
- To examine patterns of coping behaviors and strategies in women with vulvovaginal pain.
- To compare groups with different patterns of coping with regards to their psychological and sexual health.

METHOD

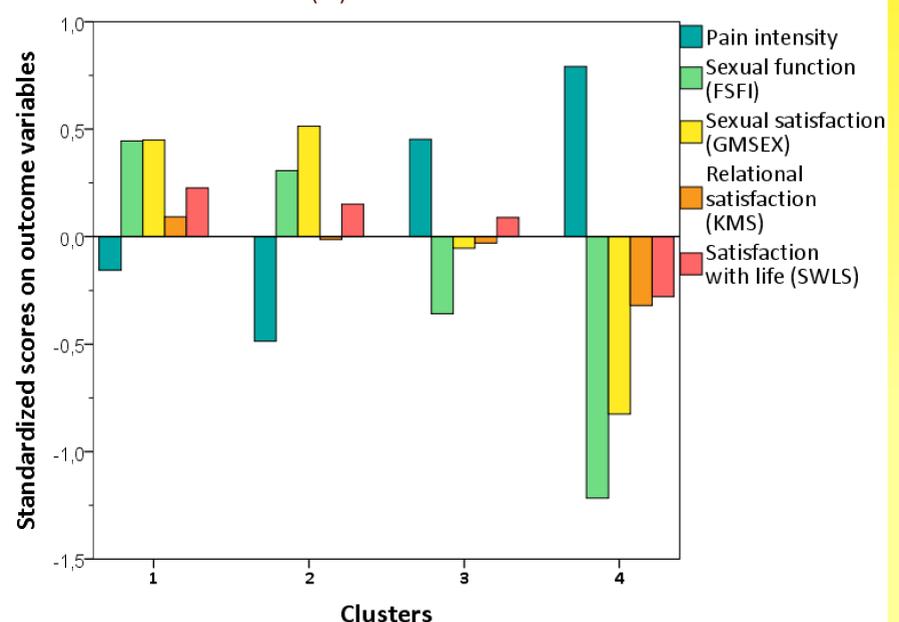
Women, aged 18-35, reporting recurrent vulvovaginal pain during the last six months ($N=289$) answered a questionnaire. Subgroups were created using cluster analysis based on responses to the Avoidance and Endurance subscales of the CHAMP Sexual Pain Coping Scale (CSPCS).

The subgroups were validated on: anxiety (HADS-A), depression (HADS-D), pain catastrophizing (PCS) and psychological inflexibility (PIPS). They were further compared on the outcomes: pain intensity, sexual satisfaction (GMSEX), sexual function (FSFI), relational satisfaction (KMS) and satisfaction with life (SWLS).

RESULTS



The analysis resulted in four distinct clusters, explaining 73% of the total variance: a low avoidance and endurance cluster (1), a low avoidance and high endurance cluster (2), a moderate avoidance and endurance cluster (3), and a high avoidance and endurance cluster (4).



Significant differences were found between the subgroups on the validating variables as well as on pain intensity, sexual function, sexual satisfaction and satisfaction with life. The high avoidance and endurance subgroup had the worst outcomes.

MAIN CONCLUSIONS

- Patterns of coping strategies emerged where combinations of avoidance and endurance coping were prominent.
- A combination of high levels of both avoidance and endurance coping could be viewed upon as maladaptive considering the relationship to the women's poorer psychological and sexual health.