
Psychosexual Aspects of Vulvar Disease

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Abstract: Physically, the vulva is an anatomic location of convergence, which includes vascular, neural, hormonal, reproductive, dermatologic, and musculoskeletal systems. Psychosocially, the vulva represents privacy, femininity, sexuality, and intimacy. Because of this intertwined relationship, vulvar disease and dysfunction can significantly impact a woman's physical health as well as her relationships. This article elucidates the impact of vulvar disease on the individual psyche, sexual functioning, and intimate relationships. Psychological concepts are explained, psychological interventions are reviewed, and integrative approaches addressing psychological factors in the clinic are introduced.

Key words: vulvar disorder, sexual pain disorder, sexual function, mindfulness, psychosexual, vulvodynia

Introduction

A woman's vulva plays an important role in cultural, self, and sexual identity. Physically, the vulva represents the convergence of major functional systems, including dermatologic, musculoskeletal, vascular, urologic, neurological, and sexual, and disease may affect any of these systems. Psychosocially, the vulva is associated with privacy, femininity, and sexuality. Vulvar dysfunction or disease may

disturb a woman's sense of self and identity, affecting mood and intimate relationships. In addition, many vulvar diseases are associated with pain and impact sexual function. This paper considers the relationship between vulvar diagnoses and psychosexual impact, and introduces integrative treatment approaches.

Vulvar Disease and Sexual Dysfunction

Superficially, the presence of a vulva defines one as female and implies sexual functionality. Sexual function broadly implies the presence and/or capacity for sexual willingness, desire, arousal, orgasm, and comfortable vaginal penetration. Medical conditions involving the vulva are unique in that they are not visually acknowledged by others, yet can have tremendous impact on individuals, their personal relationships, and their sense of self.¹ The biopsychosocial view of sexual dysfunction recognizes that sexual difficulties may have multifactorial etiologies.² Vulvar dysfunction can occur in any of the dermatologic, musculoskeletal, vascular, urologic, or neurological systems caused by gynecologic cancers,³ cancer

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treatment,^{4,5} vulvar dermatologic conditions,⁶ and sequelae.^{7,8} Vulvar conditions are also often comorbid with urogenital conditions, which negatively impacts body image, sexual self-esteem, and sexual functioning.⁹

Sexual dysfunction may be physiologically based and/or associated with psychological states that impact physiological function. When changes in appearance, sensation, and/or function of the genitals occur, the psyche may protectively detach as the result of a perceived failure of expected appearance or function. This inability to maintain a solid connection between the psychic self and the physical body can make sexual arousal information arising from the body difficult to register, process, and react to. As internal physiological cues of sexual arousal allow the individual to deflect, amplify, or modify the arousal process, detachment makes active participation in sexual arousal harder.

Psychosocial Aspects of Sexual Pain Disorders

Pain is both a physical and emotional experience.⁹ The intimate location, potential lack of outward signs related to chronic pain or disability, and experience of visits to multiple practitioners before receiving adequate diagnosis,¹⁰ are all factors that contribute to psychological distress. During sexual activity, pain or discomfort can coincide with arousal, touch, penetration, and orgasm. This experience can subsequently affect the desire to engage in sexual activity, the ability to become or remain aroused, and capacity to consciously relax the pelvic floor sufficiently to allow comfortable penetration. In a cyclic manner, these factors further contribute to increased friction and tissue trauma, decreased genital arousal responses and increased pain, as well as personal and relationship distress. Any vulvar disease contributing

discomfort or pain with sexual activity may affect sexual functioning due to conditioned responses to pain, and reactive high-tone pelvic floor activity perpetuating the cycle of pain.¹¹

Chronic pain conditions can result in and be perpetuated by depression, anxiety, and sleep disturbances.¹² An epidemiologic study of vulvodynia, a vulvar condition characterized by chronic vulvar pain, demonstrated that depression and anxiety disorders enhance the risk of vulvodynia, and that occurrence of vulvodynia increases the risk of psychopathology.¹³ Women with the highly prevalent condition of provoked vestibulodynia (PVD)¹¹ are reported to experience psychological hypervigilance, catastrophization, perfectionism, and decreased self-efficacy.^{14,15}

Social and Relational Factors

Culturally, a woman's perceptions of her role in society may include the belief that a woman must allow vaginal penetration to please or fulfill her partner's sexual needs.¹⁶ This perception can lead to feelings of guilt and responsibility for the lack of intimacy in her relationship. She may engage in sexual penetration when she is neither aroused nor interested, contributing to the experience of lack of autonomy and control of her body. These feelings may compel her to undergo treatments and procedures which are so painful and exposing, that she dissociates herself from her emotions to get through the painful experience.^{13,17} Medical practitioners should consider if the clients are undergoing painful treatment solely to please a sexual partner.

Relational factors also may affect vulvar pain. Partner communication is positively related to relationship satisfaction in general and to sexual satisfaction in particular.¹⁸ However, studies indicate that women with sexual pain, due to relationship insecurity and fear of losing their partners,¹⁹ are vulnerable to

avoiding sexual communication. In a study of women with vulvovaginal pain disorders or chronic dermatologic vulvovaginal conditions, 36% reported that the pain had a negative impact on how comfortable they felt discussing sexual matters with their partner.²⁰ Relationship factors such as partner catastrophizing²¹ and partner solicitousness,²² may influence the pain and sexual outcomes of couples coping with PVD. For couples impacted by PVD, psychological treatment methods should include couples therapy to address sexual pain and distress.¹⁶

Psychological Concepts Related to Reception or Interference of Sexual Arousal Cues

The following are psychological concepts that may help explain the psychic response to sexual dysfunction in vulvar disorders (Table 1).

INTEROCEPTION AND BODY AWARENESS

Interoception is the ability to receive and react to neural stimuli informing the mind of the functional processes of inner organs. It is interoception that informs the mind of the process and progress of sexual arousal. Interoception can be a subconscious information source or conscious experience.

COGNITIVE DISTRACTION

Cognitive distraction is a form of mind-body dissociation, where the person is not able to pay attention to internal physiological sexual arousal cues because they are distracted by cognitive thoughts, such as self-observation/self-objectification,²³ or the perception that a sexual partner’s opinion of her body is unsatisfactory.¹⁴ Instead of attention to sexual arousal, women who cognitively distract and shift attention from internal sensations report lower sexual arousal, orgasm, and satisfaction.¹⁵ Women

TABLE 1. Brief Overview of Psychological Concepts

Psychological Concepts	Brief Overview
Interoception (body awareness)	The capacity to receive and react to internal body information (sexual arousal, heart rate, respiratory rate, gut function, etc.)
Self-objectification	A state of viewing and judging the self from the outside (third person). Self-integration is feeling that mind is integrated with body, and views the world from the integrated inside (first person).
Cognitive distraction	The inability to be able to focus on internal body information because of distracting cognitive thoughts
Mindfulness	An interoceptive, in-the-moment presence, capable of noticing the present without automatic responses, such as judgment

with poor body esteem may have difficulty switching attention from self-objectification to sexual arousal interoception.¹⁶

MINDFULNESS

Mindfulness is a meditation practice during which the person learns to be present, to notice sensations or thoughts, yet to experience fully without automatic reactive judgment. The practice of mindfulness impacts multiple unique psychological facets, and activates specific cortical and sub-cortical brain regions.²⁴

Psychological Interventions to Improve Sexual Function

Several trials including women with sexual dysfunction have studied therapeutic interventions that combined mindfulness training, cognitive behavioral therapy (CBT), sensate focus exercises, and sexuality

education. In groups of women with multifactorial vulvar disorders, these combined interventions resulted in improvements in all domains of female sexual response except for sexual pain, as well as decreased frequency of sexual problems and distress.^{18,19,25} For women with PVD, Basson, has supported the use of mindfulness-based CBT for the recurrent pain and sexual suffering from PVD.²⁶ Physicians may also employ mindfulness-based psychological interventions with physical examination, as they are more difficult for women with sexual pain.^{20,21}

Understanding Mindfulness as a Therapeutic Tool for Women With Vulvar Disorders

There are several facets of the mindfulness construct²² useful to the health practitioner. Focusing on enhancement and amplification of sexual arousal interoception (aka mind-body connection) may enhance sexual function as a therapeutic intervention in women with vulvar conditions.

- *Increase interoception capacity*: teaching people to expand interoceptive *capacity* improves their skill at the selective attention required for sexual arousal participation and reinforcement.
- *Learn the nonsexual experience of feeling the self as embodied*: notice that the self is not represented by one body part and a self is more than the sum of body parts.
- *Learn to describe what internal sensations mean*: finding words to label the emotional meaning of internal signals helps relink emotional responses with physical arousal responses.
- *Synchronize the current physical reality with perception of interoceptive cues*: cognitively realign present, safe reality with the current experience of interoceptive signals. For example, *the sensation of well-being* is the combination of interoceptive sensations and the emotional overlay of “everything is ok.”

- *Learn to register “gut feelings”*: interoceptive sensations color preconscious and secondary evaluative appraisal of experiences. Learning to experience those sensations rather than ignore or misinterpret, aligns the mind with body sense.
- *Track levels of intensity of interoceptive sexual sensations as they change*: because sexual arousal and desire fluctuates, the ability to track changes in interoceptive signals may improve awareness and capacity for manipulation of sexual arousal and desire.
- *Learning tasks* can include increasing the capacity to consciously register proprioceptive and interoceptive inputs. Breath work, heart rate awareness, proprioceptive relinkages between the mind and the toes, vulva, abdomen, etc. are ways to boost neural activity of the whole, and strengthen those connections. Subjects able to perceive their heart rate had lower self-objectification, and performed significantly better on tests that require selective and divided attention.¹⁶
- *Mindful attention to interoceptive cues enhances sexual arousal*: it is important to cognitively know that sexual arousal does not automatically happen in the body without the mind participating. It is even more powerful to coordinate what level of arousal intensity the self wants, to control the mind’s attention on sexual arousal, and to experience both proprioceptive and interoceptive sexual orchestration without automatically negatively reacting or judging events.
- *Experiment and practice sexual interoception to build trust in internal signals*: women who have had negative experiences need to rebuild their repertoire of positive interoceptive experiences, thereby rebuilding their sense of trust in the signals they receive. This helps dampen the impulse to automatically react to past experiences, and can help relink the mind and self to the sexual body.

Conclusions

Vulvar disease is associated with psychic distress, and may affect body image and sexual function as well as impact relationships. Health care providers caring for women with vulvar disease may wish to routinely refer to practitioners, including sex therapists, who teach mindfulness techniques or offer CBT as a way of addressing the common psychosexual effects of vulvar disease.

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