

PAIN CATASTROPHIZING AND SEXUALLY-RELATED THOUGHTS IN MALE SEXUAL PAIN

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Introduction

According to a cognitive-affective approach of sexuality, sexual dysfunctions are the result of the meaning attributed to sexual events and its influence on cognitions, emotions and behaviors (Barlow, 1986). There's growing evidence on the influence of cognitive and affective factors on sexual dysfunctions, particularly on sexual pain.

Male Sexual Pain is defined by the presence of recurrent or persistent pain related to sexual activity for a period of at least 3 in months in adult men (at least 18 years old) (Luzzi, 2003; Luzzi & Law, 2006). Pain catastrophizing is a construct which has proved to play a role on male sexual pain. However, regarding automatic thoughts during sexual activity, there's evidence of their influence on men with erectile dysfunction, but little is known regarding men with sexual pain.

Key-words: pain intensity; cognitions, sexual dysfunctions; pain catastrophizing

Objectives:

Thus, this study aims to evaluate how pain catastrophizing and automatic thoughts predict pain intensity on men with sexual pain, after controlling the effects of medical variables.

Table 1 – Sociodemographic characteristics (N = 50)

Age	M	SD
M	33.04	
Range	18-69	
SD	14.32	
	N	%
Marital Status		
Married/CL	18	34
Single	34	64.2
Widow	-	-
Divorced	1	1.9
Educational level		
0-4 years	1	2.1
5-6 years	-	-
7-9 years	2	4.2
10-12 years	16	33.3
13-15 years	15	31.3
+ 15 years	14	29.2

M = Mean; SD = Standard Deviation; CL = Living in Common Law

Methods

Participants and Procedures: A total of 50 men with genital pain completed an online survey. Participants were older than 18 years and heterosexual. Participants completed an online survey, publicized on several social networks, Portuguese blogs dedicated to sexuality and pain, and electronic mailing lists. Data and anonymity of data was guaranteed. The study was approved by the Faculty ethics committee. The sample was collected between January and November 2014.

Measures: Participants answered the **automatic thoughts subscale of the Sexual Modes Questionnaire - Male Version (SMQ; Nobre & Pinto-Gouveia, 2003a)** the **Pain Catastrophizing Scale (PCS-PO; Sullivan et al., 1995; translated and adapted from Azevedo et al., 2007)** and the **Short Form of McGill Pain Questionnaire (SF-MPQ; Melzack, 1987; translated and adapted from Azevedo et al., 2007)**. The protocol was preceded by a **General Introductory Questionnaire**, which was adapted from the **Peyronie's Disease Questionnaire** and the **Chronic Prostatitis Symptom Index**.

Data analysis: Hierarchical multiple regression was used to assess the ability of the two independent variables (pain catastrophizing and automatic thoughts) to predict pain intensity. Throughout all steps, correlations between variables were moderate. **Descriptive analysis** was conducted to characterize the sexual pain dimensions.

Results

Medical variables entered at Step 1 of the hierarchical multiple regression, explaining 24.3% of the variance in pain catastrophizing ($F_{1,37} = 12.618, P = .001$). After entry of pain catastrophizing at Step 2, the total variance explained by the model as a whole was 46.3% ($F_{1,36} = 16.763, P < .001$). This control measure explained an additional 23.7% of the variance in pain intensity, after controlling medical variables (R^2 change = .237). After entry of the selected dimensions of automatic thoughts at Step 3, the total variance explained by the model as a whole was 54.1% ($F_{3,33} = 3.029, P < .05$). These control variables explained an additional 11% of the variance in pain intensity, after controlling medical variables and pain catastrophizing (R^2 change = .110).

Table 2 – Hierarchical multiple regression (N = 50)

	B	SE B	β	t
Model 1				
Medical Variables	11.38	3.204	.50	3.552***
Model 2				
Medical Variables	6.205	2.965	.28	2.092*
Pain Catastrophizing	.394	.096	.54	4.094***
Model 3				
Medical Variables	6.137	2.798	.27	2.193*
Pain Catastrophizing	.338	.093	.46	3.631**
Failure anticipation	-.057	.272	-.03	-.209
Erection Concern Thoughts	.519	.212	.36	2.453*
Lack of Erotic Thoughts	.044	.312	.02	.142

Note. * $p < .05$; ** $p < .01$; *** $p < .001$

! Presence of, at least, one of these diseases: Diabetes, Hypertension, Chronic fatigue syndrome, Chronic pain, Fibromyalgia, Headaches
! Total of the dimensions of Pain Catastrophizing (Rumination, Magnification, Helplessness)

In the final model, only **medical variables, pain catastrophizing and erection concern thoughts** were statistically significant, with pain catastrophizing recording a higher beta value ($\beta = .461, P = .001$) than erection concern thoughts ($\beta = .361, P = .020$) and medical variables ($\beta = .272, P = .035$).

Conclusions

Overall, findings corroborate that pain catastrophizing may be a significant predictor of pain intensity, on male sexual pain. Besides, this study shows that other cognitions, specifically, erection concern thoughts, may also predict higher pain intensity. Despite its cross-sectional nature, this study suggests that pain catastrophizing may act as a vulnerability factor for the activation of other cognitions that perpetuate pain. However, more research is needed, particularly longitudinal studies, in order to clarify the relationships between these factors. Nevertheless, the results emphasize the relevance of psychological and sexual variables on sexual pain evaluation and treatment.

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