

# Understanding Psychological Factors in Vulvodynia and Developing CBT-Based Treatment: Qualitative Study of Women in Ibiaku Issiet Community

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## Abstract

The research aimed to understand the psychological factors associated with vulvodynia among women in the Ibiaku Issiet community and to develop a culturally sensitive Cognitive Behavioral Therapy (CBT)-based treatment tailored to their specific needs and cultural context. The qualitative research design was employed, using semi-structured interviews with open-ended questions. Participants were women aged 20 to 50 from the community who experienced vulvodynia. Five different themes emerged from the data analysis, such as lack of cultural awareness, stigma and shame, guilt, anxiety, and depression. The findings suggest that cultural norms and attitudes regarding sexuality, gender roles, and pain expression significantly influence the diagnosis, treatment, and management of vulvodynia. These psychological factors of anxiety and depression were found to be closely linked to increased pain severity and disability in vulvodynia, profoundly affecting women's quality of life, emotional well-being, sexual function, and relationships. The study recommends enhancing awareness and understanding of vulvodynia within the Ibiaku Issiet community through educational initiatives that provide comprehensive information about the condition, its symptoms, and available treatment options.

**Keywords:** anxiety, cognitive behavioral therapy, cultural awareness, depression, psychological factors, stigma, vulvodynia

## 1. Introduction

Vulvodynia, a chronic and enigmatic condition characterized by unexplained vulvar pain, affects a significant number of women, profoundly impacting their physical and psychological well-being (Bornstein et al., 2016). Despite its prevalence and debilitating nature, the etiology of vulvodynia remains elusive, contributing to its challenging diagnosis and management (Harlow et al., 2014a). Current studies have emphasized the potential part of psychological causes in the occurrence and perpetuation of vulvodynia, shedding light on the importance of a holistic approach to understanding and treating this condition (Mestre-Bach et al., 2022; Desrochers et al., 2010a).

Vulvodynia is a debilitating chronic pain condition characterized by persistent and unexplained vulvar pain, often exacerbated by activities such as sexual intercourse, sitting, or even wearing tight clothing. It affects most women worldwide, with prevalence estimates between 3% and 16% depending on the population studied and diagnostic criteria used (Reed et al., 2012; Harlow et al., 2014b). Despite its prevalence and profound impact on women's physical and psychological well-being, vulvodynia remains a poorly understood and underdiagnosed condition.

Vulvodynia, characterized by chronic vulvar pain without an identifiable cause, presents a profound challenge to both affected individuals and healthcare providers. It is a condition that affects a significant number of women, with estimates suggesting that up to 15% of women may experience vulvodynia during their lifetime (Harlow et al., 2014c). Despite its prevalence and detrimental impact on quality of life, the underlying etiology of vulvodynia remains poorly understood, and diagnosis often involves a protracted exclusion process (Bornstein et al., 2016). Consequently, the management of vulvodynia has mainly been symptom-focused, with limited

attention given to the potential psychological factors that may play a pivotal role in its development, perpetuation, and management.

The problem at hand is the paucity of comprehensive research and evidence-based approaches addressing the psychological aspects of vulvodynia. Current research has suggested a complex interplay of psychological factors, including emotional distress, anxiety, depression, and coping mechanisms, in vulvodynia's manifestation and persistence (Mestre-Bach et al., 2022; Desrochers et al., 2010b). However, a comprehensive understanding of these psychological dimensions and their integration into effective treatment strategies is lacking. As a result, many women with vulvodynia continue to suffer physically and emotionally, and healthcare providers face challenges in providing holistic care. It lies in the limited attention given to the psychological dimensions of vulvodynia and the need for evidence-based psychological interventions. By comprehensively addressing these aspects, we aim to enhance the management and care of individuals living with vulvodynia, offering them a more holistic and practical treatment approach.

### *1.1 Psychological Factors in Vulvodynia*

The psychological dimensions of vulvodynia encompass a complex interplay of emotions, stress, anxiety, depression, and coping strategies that deserve a dedicated investigation. This research proposal seeks to delve into the unexplored territory of psychological factors in vulvodynia and, in particular, to develop a tailored Cognitive Behavioral Therapy (CBT)-based treatment approach. CBT has demonstrated efficacy in addressing the psychological components of various chronic pain conditions (Thorn et al., 2018a), making it a promising avenue for enhancing the quality of life for vulvodynia sufferers. Vulvodynia is a complex and multifaceted condition with both physiological and psychological components. The psychological aspects of vulvodynia are increasingly recognized as significant contributors to the experience of pain and impaired quality of life among affected women (Jantos, 2008; Desrochers et al., 2009). Psychological aspects such as anxiety, depression, and catastrophizing are connected to increased pain severity and disability in vulvodynia (Pukall et al., 2005; Rosenbaum et al., 2008). Additionally, the chronic and unpredictable nature of vulvodynia can result in emotional distress, relationship strain, and sexual dysfunction (Gates et al., 2001; Yunker et al., 2012).

### *1.2 Cognitive Behavioral Therapy (CBT) in Chronic Pain Management*

Cognitive Behavioral Therapy (CBT) is a psychotherapeutic method that focuses on modifying maladaptive thoughts and behaviors associated with psychological distress and pain (Williams et al., 2012). In chronic pain management, CBT has shown promise in reducing pain intensity, improving coping strategies, and enhancing overall quality of life (Eccleston et al., 2014; Knoerl et al., 2016; ter Kuile et al., 2010). While CBT has been applied successfully to various chronic pain circumstances, including fibromyalgia and irritable bowel syndrome (Thieme et al., 2016; Goudra et al., 2017), its potential utility in the management of vulvodynia in the Ibiaku Issiet population remains an open question. It is imperative to explore the adaptability and effectiveness of CBT in addressing the unique psychological challenges faced by women with vulvodynia in the community. Furthermore, while Cognitive Behavioral Therapy (CBT) has shown promise in managing the psychological aspects of various chronic pain conditions (Thorn et al., 2018b), its application in the context of vulvodynia remains underexplored and lacks tailored protocols. This research addresses this gap by investigating the psychological factors contributing to vulvodynia and developing a specialized CBT-based treatment approach. Bridging this knowledge gap is vital for enhancing the understanding of the condition and improving the overall well-being and quality of life of vulvodynia patients.

### *1.3 Statement of Problem*

Vulvodynia, a chronic pain condition characterized by persistent and unexplained vulvar pain, is a distressing and underdiagnosed issue affecting many women globally, including those in the Ibiaku Issiet community in Nigeria. The pain is often triggered or exacerbated by activities such as sexual intercourse, sitting, or wearing tight clothing. Despite well-documented physical symptoms, there is a significant knowledge gap regarding the psychological factors associated with vulvodynia in this specific community and the development of tailored interventions, such as Cognitive Behavioral Therapy (CBT), to address these factors. While there is growing recognition of the importance of psychological factors in the experience of vulvodynia (Pukall et al., 2002; Desrochers et al., 2009), research has yet to focus on these aspects within the Ibiaku Issiet context. Understanding the unique psychological challenges, coping mechanisms, and treatment preferences of women in this community is essential for providing adequate care and improving their overall well-being. CBT has shown promise in managing various chronic pain conditions (Eccleston et al., 2014), but its adaptability and effectiveness for women with vulvodynia in the Ibiaku Issiet community remain unexplored. The lack of comprehensive understanding of the psychological factors associated with vulvodynia among women in this

community, including the influence of cultural, social, and healthcare system factors, has resulted in inadequate treatment options that do not adequately address the psychological aspects of the condition. Therefore, this research aims to fill these critical knowledge gaps by conducting a qualitative study that explores the psychological factors in vulvodynia among women in the Ibiaku Issiet community and develops a CBT-based treatment approach tailored to their unique needs and cultural context.

#### *1.4 Purpose of the Study*

The primary purpose of this research is to comprehensively examine the psychological factors associated with vulvodynia among women in the Ibiaku Issiet community and to develop a culturally sensitive Cognitive Behavioral Therapy (CBT)-based treatment approach tailored to their unique needs and cultural context. The research purpose is also to gain an in-depth understanding of the psychological factors that contribute to the experience and management of vulvodynia among women in this community, including the roles of anxiety, depression, catastrophizing, and other emotional and cognitive factors in the context of vulvar pain. Through qualitative interviews, the study will delve into women's experiences with vulvodynia in the Ibiaku Issiet community, aiming to uncover vulvodynia's emotional and psychosocial effects on their everyday lives, relationships, and overall well-being. The research seeks to develop a CBT-based treatment approach specifically designed for women with vulvodynia in this community. This approach will consider the unique cultural and contextual factors that may influence the applicability and effectiveness of CBT. By focusing on the Ibiaku Issiet population, the research addresses severe issues in the existing literature, providing region-specific insights into the psychological aspects of vulvodynia. Its purpose is to contribute to an understanding of how cultural, social, and healthcare system factors shape the experiences of women with vulvodynia in this community.

#### *1.5 Research Questions*

- (1) What is the cultural awareness and understanding of vulvodynia among women in the Ibiaku Issiet community?
- (2) What psychological factors are commonly associated with vulvodynia among women in the Ibiaku Issiet community?
- (3) How do women in the Ibiaku Issiet community describe their daily experiences with vulvodynia, including its impact on their emotional health, relationships, and quality of life?
- (4) How can a treatment approach based on Cognitive Behavioral Therapy (CBT) be adapted to suit the unique needs and cultural background of women with vulvodynia in the Ibiaku Issiet community?

#### *1.6 Significance of the Study*

Vulvodynia is a debilitating condition that profoundly affects the physical and psychological well-being of countless women worldwide, including those in the Ibiaku Issiet community. By comprehensively exploring the psychological factors associated with vulvodynia and developing a tailored CBT-based treatment approach, this study has the potential to significantly enhance the health and quality of life of affected women. This research addresses a notable gap in the existing literature by focusing on the specific context of the Ibiaku Issiet community, recognizing the role of cultural, social, and healthcare system factors in women's experiences with vulvodynia.

The research findings inform clinical practice by highlighting the vitals of addressing the psychological aspects of vulvodynia. Based on the insights gained from this research, healthcare providers can better tailor interventions, provide more comprehensive care, and improve patient outcomes. The development of a culturally sensitive CBT-based treatment approach for vulvodynia in the Ibiaku Issiet community represents a significant contribution to the field of pain management. This approach not only offers a potential intervention for women with vulvodynia but also demonstrates the adaptability of evidence-based psychological therapies to diverse healthcare contexts. Additionally, the study advances scientific knowledge by delving into the complex and underexplored intersection of psychology, women's health, and cultural context. It contributes to the growing body of research on chronic pain conditions and the role of psychological interventions, showcasing the importance of considering cultural and contextual factors in treatment development.

#### *1.7 Scope of the Study*

The research focuses explicitly on women residing in the Ibiaku Issiet community who experience vulvodynia. The geographic scope is limited to Ibiaku Issiet to understand women's experiences and challenges within this cultural context. The Study will explore the psychological aspects related to vulvodynia, including but not limited to anxiety, depression, catastrophizing, and coping mechanisms, all investigated within the context of

women's experiences in this community. The Study aims to uncover the lived experiences of women with vulvodynia in the Ibiaku Issiet community, including the condition's impact on their emotional well-being, relationships, and overall quality of life. Additionally, the research acknowledges the influence of cultural and contextual factors on the psychological experiences of these women. It seeks to identify and consider these factors in the development of a tailored CBT-based treatment approach specifically for women with vulvodynia in the Ibiaku Issiet community.

## 2. Literature Review

Vulvodynia presents a complex chronic pain condition characterized by persistent, unexplained vulvar pain, discomfort, or burning sensations, often exacerbated by sexual intercourse, pressure, or contact with tight clothing. Its prevalence is estimated to affect most women worldwide, varying between 3% and 16%, depending on the people studied and the diagnostic criteria employed (Reed et al., 2012a; Harlow et al., 2014). This condition brings forth a multitude of physical, psychological, and psychosocial challenges, significantly impacting the overall quality of life of affected women (Desrochers et al., 2009). While extensive documentation exists regarding the physical aspects of vulvodynia, there is an emerging recognition of the intense impact of psychological factors on the experience and management of this condition.

### 2.1 Psychological Factors in Vulvodynia

Vulvodynia commonly co-occurs with anxiety and depression (Rosenbaum et al., 2008). The uncertainty and chronicity of vulvar pain can exacerbate anxiety, while persistent pain can trigger depressive symptoms. These psychological comorbidities often exacerbate pain perception and complicate treatment. Catastrophizing, a cognitive distortion characterized by an exaggerated focus on pain and its negative consequences, has been linked with increased pain severity and disability in women with vulvodynia (Pukall et al., 2002). Catastrophizing can perpetuate the cycle of pain and emotional distress. Vulvodynia profoundly affects a woman's overall quality of life, impacting her emotional well-being, sexual function, and relationships (Gates et al., 2013). This condition frequently results in avoidance of sexual activity, strained relationships, and reduced overall life satisfaction.

### 2.2 Cognitive Behavioral Therapy (CBT) as an Intervention

Cognitive Behavioral Therapy (CBT) is a recognized psychotherapeutic method that centers on identifying and modifying maladaptive thoughts, emotions, and behaviors. It has garnered recognition as an effective treatment for various chronic pain conditions (Eccleston et al., 2014). Cognitive Behavioral Therapy's effectiveness in managing chronic pain is its capacity to equip individuals with coping strategies, alter pain perceptions, and improve emotional well-being (Eccleston et al., 2014). CBT interventions typically target factors such as pain catastrophizing, fear avoidance, and negative emotional responses. At the same time, CBT has shown promise in chronic pain management, as well as its applicability and effectiveness in the context of vulvodynia.

### 2.3 Cultural Awareness of Vulvodynia

While specific scientific studies addressing cultural awareness of vulvodynia may be limited, there is growing recognition of the importance of cultural sensitivity in addressing women's health issues, including vulvodynia, within diverse cultural contexts. For instance, a study by Nygaard et al. (2018) emphasizes the need for healthcare providers to be culturally aware when diagnosing and treating vulvodynia. The authors highlight the impact of cultural beliefs, attitudes, and taboos on women's willingness to seek help and disclose symptoms of vulvodynia, emphasizing the importance of creating a culturally sensitive and supportive healthcare environment. Furthermore, a review by Reed et al. (2012b) argues that cultural norms and attitudes towards sexuality, gender roles, and pain expression can significantly impact the diagnosis, treatment, and management of vulvodynia, underscoring the vital of cultural awareness in providing comprehensive care to affected individuals. While these studies may not specifically focus on cultural awareness of vulvodynia, they highlight the broader importance of considering cultural factors in women's health care, including the diagnosis and management of vulvodynia. By fostering cultural awareness and sensitivity, healthcare providers can develop more inclusive and supportive environments for individuals affected by vulvodynia, ultimately improving health outcomes and patient satisfaction.

#### 2.3.1 The Theoretical Framework

The theoretical framework guiding this research is a novel approach that draws from several vital perspectives to comprehend vulvodynia and explore the potential application of Cognitive Behavioral Therapy (CBT) in its management. The biopsychosocial model serves as the overarching framework, acknowledging that health issues stem from biological, psychological, and social factors (Engel, 1977). In the context of vulvodynia, this

framework recognizes the multifaceted nature of the condition's etiology and management, incorporating biological, psychological, and sociocultural dimensions. Cognitive Behavioral Theory, proposed by Beck (1976), offers insight into the interconnectedness of individuals' thoughts, emotions, and behaviors that applied to vulvodynia; this theory helps elucidate how cognitive processes, emotional responses, and pain-related behaviors may interact to influence the experience of vulvar pain. The Health Belief Model, developed by Rosenstock (1974), sheds light on individuals' health-related behaviors and decision-making processes. This research provides an understanding of how women with vulvodynia perceive their condition, its severity, and the perceived benefits and barriers associated with seeking psychological interventions such as CBT.

Epstein et al. (2010) emphasize the Patient-Centered Care framework, underscoring the importance of involving patients in healthcare decisions and considering their unique perspectives and preferences. As a guide to developing the CBT-based treatment approach, this framework ensures that interventions are tailored to individual needs and sensitive to the cultural context of the Ibiaku Issiet community. By integrating these theoretical perspectives and concepts, the study aims to comprehensively understand the psychological factors in vulvodynia among women in the Ibiaku Issiet community and develop a culturally sensitive CBT-based treatment approach. This framework acknowledges the condition's complex and multifaceted nature, emphasizing the importance of considering individual experiences, cultural context, and patient preferences in developing effective interventions.

### **3. Method**

#### *3.1 Sample Description*

The study was carried out within the Ibiaku Issiet community to comprehensively explore the psychological factors associated with vulvodynia among women in the community and develop a culturally sensitive Cognitive Behavioral Therapy (CBT)-based treatment approach. A qualitative method was appropriate to explore individuals' complex and subjective experiences (Creswell & Creswell, 2017).

#### *3.2 Ethical Safeguards*

In qualitative research on psychological factors in Vulvodynia and the development of a CBT-Based Treatment for women in Ibiaku Issiet, strict adherence to ethical principles is imperative. Before participating, the participants were informed about the study's purpose, procedures, potential risks, and benefits. They were assured of their right to withdraw from the study at any time without repercussions. Rigorous measures were implemented to protect participants' privacy, with all collected data treated confidentially. Personal identifying information was carefully removed to prevent unauthorized access or disclosure. Research findings were presented in a manner preserving participants' anonymity, with no names or personal details disclosed. The participation was voluntary, and participants were not coerced or pressured to engage. They were explicitly informed of their freedom to decline or withdraw from the study without consequences. This ethical approach aligns with established guidelines, such as those set forth by the American Psychological Association (APA, 2020), demonstrating the researcher's commitment to conducting the study ethically and responsibly, prioritizing participants' health and rights throughout the research process.

#### *3.3 Participants and Sampling Strategy*

The participants comprised women residing in the Ibiaku Issiet community in Akwa Ibom State, Nigeria, who have experiences with vulvodynia. The purposive sampling was employed to ensure the inclusion of participants representing diverse experiences, including variations in pain severity, duration, and sociocultural backgrounds.

#### *3.4 Data Collection*

Semi-structured and open-ended questions were utilized to explore participants' experiences with vulvodynia, the psychological factors they perceived as relevant, and their preferences for psychological intervention. These questions were developed based on the research topic and aimed at understanding the psychological factors associated with vulvodynia among women in the Ibiaku Issiet community. Each interview, lasting 60 minutes, was recorded and transcribed verbatim. During the interviews, a researcher took notes to identify issues for further exploration with each participant. Participants selected for the study were women aged 20 to 50 years. After each interview, the researcher conducted a debriefing session and made additional notes.

#### *3.5 Data Analysis*

The thematic analysis was used to analyze the interview transcripts, and the researcher independently hand-coded all the transcripts using inductive thematic coding, which allowed for the interpretation of data and the identification of themes without predetermined categories (Braun & Clarke, 2006). The approach ensured

that themes emerged directly from the data. As themes were synthesized, they were merged and refined until a consensus was reached on how best to capture the relevant patterns and concepts within the data, thereby ensuring the reliability and validity of the findings. Additionally, the research findings were shared with the participants to verify their accuracy and provide an opportunity for their input.

#### 4. Result

Through analysis of the transcripts, five distinct themes emerged: lack of cultural awareness, stigma and shame, guilt, anxiety, and depression. It became apparent that the women in the community experienced psychological pain associated with vulvodynia, which was exacerbated by factors such as sexual intercourse, early and forced marriages, and cultural practices like female genital mutilation.

##### 4.1 Lack of Cultural Awareness

A recurring theme from the interviews was the lack of cultural awareness regarding vulvodynia. This lack of awareness prevented women from recognizing the pain and its signs, contributing to their prolonged suffering and inability to seek appropriate help.

What is the cultural awareness and understanding of vulvodynia among women in the Ibiaku Issiet community?

Participant A said “I am a 40-year-old woman who began experiencing painful menstruation at the age of 12. In my early years, I started a sexual relationship with an older man. As I grew older, particularly in my 30s, I began suffering from severe vulvar pain. I ignored the pain due to the lack of awareness and because discussing sexual health issues is taboo for women in my community. There is little to no healthcare awareness regarding these issues here.”

Participant B reports “The first time I had sex, it took a long time for my partner to penetrate. Afterward, I began experiencing pain around my genital area. As I got older, the pain during intercourse persisted. In my culture, discussing sexual health is taboo for women, and there is no supportive healthcare system available to address these issues, leaving me without the necessary awareness or support.”

Participant C reports “I began experiencing pain in my vulva due to female genital mutilation, which was part of our cultural practices. At the time, I was not aware that this could lead to severe pain in adulthood. Additionally, our culture discourages women from discussing their bodies, and there is no support system or healthcare infrastructure in our community to address these health challenges.”

Participant D reports “My painful issues began with an early and forced marriage. In our community, if a woman is poor, her daughters are given to wealthy men to support the family. I experience pain, but there is no cultural awareness about the pain women endure, and our culture does not permit discussions on sensitive issues. As a woman, I have to live with this pain.”

Participant E reports “When I met my husband, I was a virgin. He forced his way in without realizing this, and from that moment, I experienced pain. There was no awareness that this could lead to various health issues.”

##### 4.2 Stigma and Shame

The second recurring theme from the interviews was the stigma and shame surrounding vulvodynia, which significantly impacted women in the community. Cultural norms contributed to this stigma and shame, leading to detrimental effects on their emotional well-being.

How do you believe cultural beliefs and norms affect the perception and management of vulvodynia-related psychological challenges in the Ibiaku Issiet community?

Participant A expressed “feeling ashamed to discuss certain health issues with friends and family due to cultural stigma. Additionally, the lack of a healthcare system and supportive environment exacerbates this challenge, as cultural norms and values in our community discourage open discussions about such topics.”

Participant B reports, “I feel ashamed to discuss my experience of pain around the genital area with peers, highlighting the significant stigma attached to such issues. Moreover, the absence of accessible healthcare further compounds the challenge of seeking help for my pain.”

Participant C reports, “I feel ashamed to discuss that I experienced pain in my vulva due to female genital mutilation, as it is considered a cultural practice. There is a significant stigma attached to talking about this issue as an adult, and there is a lack of provision and healthcare support for women in the community facing this condition.”

Participant D states “In our culture, there is stigma and shame associated with discussing painful issues. I was forced into an early marriage because cultural norms and poverty allow parents to push their daughters into such situations without any awareness. As a result, I have to live with it without any support system.”

Participant E states “It is shameful to discuss the pain I experienced the first time I was with my husband due to cultural norms. To avoid stigma from my family, I kept silent, and I still experience the pain to this day.”

#### 4.2.1 Issues of Guilt

The third recurring theme from the interviews was the issue of guilt surrounding vulvodynia, which significantly impacted women in the community. Cultural norms contributed to this sense of guilt, leading to detrimental effects on their relationships.

How do you perceive the role of cultural attitudes and beliefs in discussions about vulvodynia, and how might these perceptions impact the quality of life of women within the community?

Participant A expressed “feeling a sense of guilt when discussing severe pain, attributing my feeling to cultural attitudes and beliefs, and this experience has impacted the quality of my life as a woman.”

Participant B reports “feeling a significant sense of guilt when discussing pain around the genital area with other women in the community or family due to cultural norms.”

Participant C reports “feeling a sense of guilt surrounding discussions about certain issues because it may imply something is wrong with me.”

Participant D expresses “feeling guilt, particularly when discussing certain topics, given my experience of being forced into an early marriage due to cultural norms. This feeling of guilt persists each time I engage in such discussions.”

Participant E mentioned “I felt guilty discussing the pain I experienced the first time I was with my husband, as it creates a negative perception of my marriage.”

#### 4.2.2 Anxiety and Depression

The fourth recurring theme from the interviews was the significant issue of anxiety and depression that women in the community face due to vulvodynia. These psychological challenges profoundly impact their quality of life.

What psychological factors do women encounter that are associated with vulvodynia?

Participant B reports “I feel depressed due to this pain, which has become a setback in maintaining important relationships because I no longer find pleasure in any relationship.”

Participant D expresses “I constantly feel nervous, anxious, and worthless because I was forced into an early marriage.”

Participant E reports “I experience anxiety every time my husband touches me.”

Participant A said, “I feel hopeless and worthless, finding no pleasure in any relationship.”

Participant C reports “experiencing depression due to female genital mutilation, a cultural practice in my community, and lack of available treatment options for women dealing with this type of chronic pain, making it difficult to enjoy life.”

## 5. Discussion

The research aimed to explore the psychological factors linked to vulvodynia among women in the Ibiaku Issiet community and to devise a culturally sensitive Cognitive Behavioral Therapy (CBT)-based treatment approach tailored to their needs and cultural context. Through interviews, several themes emerged, including a lack of cultural awareness, stigma, guilt, and experiences of anxiety and depression. These themes shed light on the psychological challenges faced by women in the community concerning vulvar pain.

Participants reported a lack of cultural awareness about vulvodynia and expressed difficulty discussing their sexual issues within the community due to taboos, shame, and guilt. This finding aligns with Reed et al. (2012a), who noted that cultural norms and attitudes regarding sexuality, gender roles, and pain expression significantly impact the diagnosis, treatment, and management of vulvodynia. They highlight cultural awareness's importance in delivering comprehensive care to affected individuals. Reed et al. (2012b) suggests that by adopting cultural awareness and sensitivity, healthcare providers can create more inclusive and supportive environments, enabling individuals with vulvodynia to discuss their condition openly and receive appropriate healthcare. The research also aligns with existing literature that indicates that psychological factors like anxiety and depression are closely linked to heightened pain severity and disability in vulvodynia. Moreover, the chronic nature of vulvar pain can

intensify anxiety, while persistent pain may trigger depressive symptoms. These psychological comorbidities often exacerbate pain perception and complicate treatment (Pukall et al., 2002; Rosenbaum et al., 2017). Vulvodynia significantly impacts a woman's quality of life, affecting her emotional well-being, sexual function, and relationships. This condition frequently leads to avoidance of sexual activity, strained relationships, and diminished overall life satisfaction (Gates et al., 2013).

A study by Nygaard et al. (2018) underscores the necessity for healthcare providers to possess cultural awareness when diagnosing and treating vulvodynia. The authors emphasize how cultural beliefs, attitudes, and taboos can influence women's willingness to seek help and disclose symptoms of vulvodynia, highlighting the crucial role of establishing a culturally sensitive and supportive healthcare environment. Developing a Cognitive Behavioral Therapy (CBT) treatment aligns with Eccleston et al. (2014a), who describe CBT as an approach to identifying and modifying maladaptive thoughts, emotions, and behaviors. Recognized as an effective treatment for various chronic pain conditions, CBT is particularly effective in managing chronic pain by equipping individuals with coping strategies, altering pain perceptions, and improving emotional well-being (Eccleston et al., 2014b). CBT interventions address factors such as pain, fear avoidance, and adverse emotional reactions in the context of vulvodynia. Epstein et al. (2010) emphasize the importance of involving patients in healthcare decisions and considering their unique perspectives and preferences. Therefore, in line with this framework for developing a CBT-based treatment approach, interventions can be tailored to individual needs and sensitive to the cultural context of the Ibiaku Issiet community.

### *5.1 Limitations of the Study*

The limitation of this study is its exclusive focus on the Ibiaku Issiet community. The scope may limit the generalizability of the findings to other communities, particularly those with women experiencing chronic pain that can lead to vulvodynia. The cultural, social, and economic contexts of the Ibiaku Issiet community differ slightly from those of other regions, potentially influencing the experiences and perceptions of vulvodynia.

## **6. Conclusion**

The research aimed to understand the psychological factors associated with vulvodynia among women in the Ibiaku Issiet community and to develop a culturally sensitive Cognitive Behavioral Therapy (CBT)-based treatment approach tailored to their unique needs. Through interviews, five themes emerged: lack of cultural awareness, stigma and shame, guilt, anxiety, and depression. These themes shed light on vulvodynia's emotional and psychosocial impact on daily lives, relationships, and overall well-being, underscoring the significance of addressing psychological aspects alongside physical symptoms. The identified themes resonate with research findings by Reed et al. (2012), emphasizing how cultural norms and attitudes about sexuality, gender roles, and pain expression profoundly influence the diagnosis, treatment, and management of vulvodynia. Furthermore, the chronic nature of vulvar pain can exacerbate anxiety, while persistent pain may trigger depressive symptoms, as noted by Pukall et al. (2002) and Rosenbaum et al. (2008). These psychological comorbidities not only worsen pain perception but also complicate treatment efforts. Vulvodynia significantly diminishes a woman's quality of life, impacting her emotional well-being, sexual function, and relationships, as highlighted by Gates et al. (2013). Drawing from theoretical frameworks, developing a CBT treatment approach is essential for identifying and modifying maladaptive thoughts, emotions, and behaviors associated with vulvodynia. CBT, recognized as effective for various chronic pain conditions, equips individuals with coping strategies, alters pain perceptions, and enhances emotional well-being (Eccleston et al., 2014). Developing a CBT-based treatment tailored to the specific needs and cultural context of women with vulvodynia in the Ibiaku Issiet community holds promise for reducing their suffering and improving their well-being.

The method stresses the importance of addressing the condition's physical and psychological aspects to provide comprehensive care and support.

### *6.1 Recommendations and Future Research*

The researcher recommends enhancing awareness and understanding of vulvodynia within the Ibiaku Issiet community; it is recommended that educational initiatives focused on this condition be implemented. These programs should provide comprehensive information about vulvodynia, its symptoms, and the available treatment options. By disseminating accurate information, these initiatives can help dismiss misunderstandings and decrease the shame of vulvodynia, promoting more open discussions and creating a supportive environment. Additionally, it is essential to establish a healthcare system in the community that prioritizes women's health issues, including chronic pain conditions like vulvodynia. This healthcare system should ensure that services are both accessible and culturally sensitive, making it comfortable for women to seek help and discuss their concerns openly. Furthermore, offering support groups or counseling services that address the impact of chronic pain on



daily life, relationships, and overall well-being can significantly benefit women dealing with vulvodynia. Also, developing a Cognitive Behavioral Therapy (CBT)-based treatment program tailored to the specific needs and cultural context of women in the Ibiaku Issiet community shows promise for reducing their suffering and improving their well-being. Future research will be comparative research across different communities and cultures to understand psychological factors related to vulvodynia.

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