Navigating the Double Bind:
Exploring Sources of Pressure to Engage in Painful Sexual Activity

By

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Submitted to the graduate degree program in Psychology and the Graduate Faculty of the University of Kansas in partial fulfillment of the requirements for the degree of Master of Arts.

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September 10th, 2021

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Date Approved:

September 10th, 2021

Abstract

Individuals who experience pain during sexual activity may face a double-bind, feeling pressure to engage in sexual activity, despite its being painful. In this study, we explored individuals' experiences with painful sexual activity and the pressures they sometimes feel to engage in sexual activity, despite the pain. To recruit participants, we posted announcements on social media platforms, seeking individuals with "current or past experiences of pain during sexual activity" interested in our online survey. Participants were 514 women, 41 men, and 31 nonbinary/genderqueer/trans* individuals (median age 27; range 18–80), who completed an online survey about the types and frequency of sexual pain they experienced; 342 of them also answered open-ended questions about a prior scenario with a partner. Participants most commonly reported genital, pelvic, and abdominal pain; most reported multiple types of pain. Most reported engaging in sexual activity despite its being painful. The higher the percentage of sexual encounters that were painful, the less often participants engaged in sexual activity. Participants reported pressure to engage in sexual activity from themselves (e.g., to feel normal or desirable), from their partners (dissatisfaction; anger), from the situation (special occasions; routine), and from society (social norms; religions expectations).

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Introduction

Sex is sometimes conceptualized in the scientific literature using a predominantly biological lens: a behavior driven by strong motivation to experience the physically pleasurable rewards of fulfilling the biological imperative to reproduce (Gray, 2013). However, biology alone cannot account for all the patterns that occur in sexual decision making (Meston & Buss, 2007; Simon & Gagnon, 2003; Walker, 1997). For example, how can we explain individuals' decisions to engage in painful sexual activity? Using basic conditioning principles of pleasure as reward and pain as punishment, it would seem illogical for individuals to engage in painful sexual activity. The physical reward of experiencing pleasure is instead replaced by pain, a sensation that is typically inhibitory in function. The perception of pain acts as a signal to deter certain actions in order to prevent further harm and allow for healing (Woolf, 2018). Pain often serves as disincentive when paired strongly or repeatedly with certain behaviors. If individuals were only motivated by what felt physically good or bad in sexual situations, they would likely not engage in painful sex. Why, then, would individuals engage in a behavior that causes them pain? To answer this question, we must consider the psychological, social, and relational aspects of sexual behavior and decision making.

Individuals can be motivated by a number of interpersonal, social, biological, and psychological influences when engaging in partnered sexual activities. For example, individuals can engage in sexual activity for physical reasons such as sexual attraction or wanting to experience orgasm, for emotional reasons like wanting to increase an emotional bond or express feelings of affection, to attain a goal such as improving one's social status or exacting revenge, or insecurity reasons like avoiding partner disappointment or infidelity (Esterline & Muehlenhard, 2017; Meston & Buss, 2007). Sometimes, individuals have multiple, conflicting

objectives in mind, such as wanting to experience sexual satisfaction but not wanting a negative social label applied to them for doing so (Muehlenhard, Humphreys, Jozkowski, & Peterson, 2016) or wanting to maintain a relationship by providing one's partner with sexual satisfaction but not wanting to experience physical pain by doing so. Experiencing pain during sexual activity can transform an ostensibly enjoyable act into a complicated experience for individuals, one characterized by conflicting sensations and motivations: pleasure competes with or is replaced by pain, emotional and physical needs may conflict with larger social role expectations. Over time, pain can create a sense of ambivalence towards engaging in sexual activity, creating a situation in which individuals might have to choose between avoiding pain and avoiding relationship conflict or self-esteem loss. These competing pressures may feel like a double bind, in which individuals feel they must ultimately choose between two unappealing options.

There are numerous expectations and assumptions that can play a role in sexual decision making, whether it is from the individual experiencing pain during sexual activity, their partner, or from a larger cultural context. For example, there may be expectations about whose sexual needs in a partnership are more important, how these needs should be attended to, what activities constitute "real" and "satisfying" sex and how to be a "good" and "desirable" partner. Understanding what pressures individuals experience when making decisions about painful sex may help us better understand both the experiences of those who navigate painful sexual activity and what these individuals value in sexual contexts.

The purpose of this study is to explore the experiences and sexual decision-making processes of individuals who experience pain with sexual activity. We will specifically explore the sources of pressure that individuals experience to engage in sexual activity, despite the possibility of pain. In the context of this study, we will examine ongoing or prior experiences of

pain, include genital pain, pelvic pain, anal/rectal pain, bladder pain, abdominal pain, back or neck pain, and nerve/musculoskeletal/widespread pain. Within the scope of this study, we will not be including wanted and intentional pain that results from BDSM or kink-oriented sexual activity or pain that results from sexual assault or rape. We will investigate factors within the realm of socialized expectations, such as gendered sexual scripts and individuals' definitions of sex, to better understand how individuals navigate their experiences of sexual pain within their relationships.

As a point of clarification, we will be using the term "sex" to refer to the act of engaging in sexual activity, while using the term "gender" to refer to any component related to gender identity or biological sex. We recognize the important differences between gender identity and the numerous factors that make up biological sex, such as chromosomes, hormonal levels, reproductive organs, and genitalia. However, there are inconsistencies in the ways that "gender" and "sex" are used in academic literature and some authors use the terms interchangeably (Muehlenhard & Peterson, 2011). While some components, such as genitalia and socialized gender roles, may play a more prominent role in this analysis than others, we have combined components under the single term "gender" to aid in comprehension.

Causes of Pain During Sexual Activity

Experiences of pain during sexual activity can be relatively common, occurring across genders and within both the general public and clinical populations. Research suggests that many cisgender women experience pain during sex, although prevalence estimates vary widely, depending on the sample and how sexual pain is defined and operationalized. In one national sample of 1,575 sexually active women, ages 18 to 49, almost a quarter reported having experienced sexual pain during the past year (Carter et al., 2019). More specifically, of those

who had engaged in consensual partnered sexual activity during the past year (defined as "sexual touching, oral sex, vaginal or anal sex, etc.," p. 1955), 23.2% reported having experienced sexual pain. Sexual pain was assessed with the question, "To what extent was this sexual experience physically painful for you?" with the response options "not at all painful," "a little painful," "moderately painful," "quite a bit painful," and "extremely painful" (p. 1955). A World Health Organization systematic review of chronic pelvic pain prevalence rates estimated that roughly 15% of U.S. cisgender women ages 18-50 experience chronic pelvic pain (Latthe, Latthe, Say, Gülmezoglu & Khan, 2006), a condition characterized by non-menstrual pelvic pain that causes functional impairment lasting for longer than 6 months (Blair, Pukall, Smith, & Cappell, 2015). This same review found that global estimates for dyspareunia, a disorder characterized by genital or pelvic pain during sexual intercourse, range from 8 to 21.1% in women, with some studies with U.S. populations reaching rates of up to 45% (Latthe et al., 2006). For men, certain conditions like chronic prostatitis/chronic pelvic pain, an inflammatory condition of the prostate, has a community prevalence rate of roughly 9% (Anothaisintawee et al., 2011).

Basson offers a useful framework for understanding the various pathways that can lead to pain during sexual activity (2010). While her framework is based on individuals with health conditions such as cancer or chronic disease, the basic concepts can also be applied to other populations as well. Sexual dysfunction, such as pain during sexual activity, can be caused directly or indirectly depending on which bodily systems are affected. Direct causes include disease states and new or exacerbated injury to various bodily systems, such as tissues, organs, nerves, or muscles (Basson, 2010). In addition, direct causes of sexual dysfunction can also include inhibition of the sexual response system, which prevents physiological changes like tissue swelling or lubrication that occur during sexual arousal from taking place (Basson, 2010).

Indirect causes are when other resources that influence sexual interest, such as energy level, mobility, mood, self-image, general health status, or relationship dynamics, are negatively impacted (Basson, 2010).

There are a number of medical conditions that fall within Basson's framework of direct causes (2010). Pain can stem from genito-pelvic conditions such as (a) vulvodynia, a vulvar pain disorder characterized by sharp, stabbing or burning pain that can be diffuse and continuous (generalized, unprovoked vulvodynia) or when pressure is applied to the vaginal vestibule or entryway (provoked vestibulodynia) (Dargie & Pukall, 2016; Lev-Sagie & Witkin, 2016), (b) dyspareunia, a broad category of genital pain in relation to sexual intercourse, (c) pelvic floor hypertonicity, chronically tense pelvic muscles, or (d) structural damage caused by childbirth or injury. Additionally, various chronic conditions can contribute to sexual pain and can be more difficult to manage without invasive medical treatment, such as (e) endometriosis, (f) painful bladder syndrome (Dargie & Pukall, 2016; McCormick, 1999), (g) lichen sclerosus, a dermatological vulvar disorder that causes intense irritation, itching, and burning that damages tissue and nerve endings (Origoni et al., 2013), and (h) persistent genital arousal disorder, a condition of distressing and persistent genital arousal and vasocongestion (Basson, 2010). Hormonal shifts that result in low levels of estrogen can be another common contributor to pain during sex (Basson, 2010; Basson & Gilks, 2018), whether due to menopause, cancer treatment, or gender-affirming hormone treatments that use testosterone. Side effects from common medications such as antidepressants (Basson & Gilks, 2018) and combined oral contraceptive pills (Burrows, Basha, & Goldstein, 2012) have been known to cause a number of sexual dysfunctions that contribute to painful sex, such as low desire, vaginal dryness, increased vulvar sensitivity, and reduced free testosterone levels. For cisgender men, pelvic injuries or chronic

prostatitis/chronic pelvic pain can also cause sexual pain and dysfunction (Anothaisintawee et al., 2011). Pain that arises from non-genital causes, such as migraines, muscle soreness, autoimmune or chronic pain conditions like multiple sclerosis or fibromyalgia (Schlesinger, 1996), a neuropathic pain disorder that causes widespread pain throughout the body, can make sexual experiences painful (Basson, 2010). In fact, pain from any chronic condition can prove to be a considerable distraction during sexual activity, which can reduce sexual desire in the long-term (Basson, 2010).

Psychological factors such as trauma (Basson & Gilks, 2018), anxiety, and depression (Basson & Gilks, 2018; Thomten et al., 2014) can all interfere with the sexual response in a number of ways. Anxiety can prevent relaxation and increasing self-spectatoring (e.g., anxious thoughts about one's performance or appearance, thereby inhibiting sexual arousal and making sex less comfortable). Anxiety can also increase muscle tension and intensify experiences of pain through catastrophizing, a negative mindset that can amplify feelings of fear regarding the significance and intensity of pain (Thomten et al., 2014). Provoked vestibulodynia, the most common form of sexual pain in women, is 10 times more common in individuals with a prior diagnosis of anxiety (Basson & Gilks, 2018). Additionally, childhood physical or sexual abuse has a strong connection to adult-onset vulvodynia (Corsini-Munt et al., 2017). Experiences of sexual trauma can elicit experiences of fear and hypervigilance in response to sexual cues (Basson, 2010), thereby inhibiting the sexual response and increasing the likelihood for pain to occur. Similarly, depression often co-occurs with low sexual desire, which can prevent sexual arousal and lubrication (Basson, 2010). Depression is also a known sequela of chronic illness and has been shown be a more direct cause of sexual dysfunction than the direct physiological issues

caused by illness (Basson, 2010). As mentioned previously, the medications prescribed to treat depression often worsen this sexual dysfunction rather than alleviate it (Basson, 2010).

Pain during sexual activity can also result from individual or interpersonal factors such as sexual inexperience, a lack of sexual interest in a partner, or relationship discord. Relationship discord can involve a range of negative emotions towards one's partner, like frustration, disappointment, anger, disgust, or fear, all of which may reduce one's attraction towards their partner or overall interest in sex. Certain physical realities such as the physical nature or positioning of particular sexual activities or even anatomical specificities of a partner can make sex painful as well (Basson, 2010).

As illustrated above, there are a number of acute or chronic conditions that may cause pain during sexual activity. While some studies focus on specific genito-pelvic pain conditions, this study examines the pressures that individuals face to engage in potentially painful sex and the decision-making processes that may be involved in painful sexual situations more generally. There may be kinds of sexual activity or conditions that are not solely genitally focused that could cause individuals pain in sexual situations; these individuals may experience unique pressures or similar pressures to those who experience pain from genito-pelvic pain conditions, either of which would be relevant to our research questions. As such, our inclusion criteria for relevant pain sites will go beyond genitally focused types of pain during sexual activity. Our conceptualization of relevant types of pain was genital pain, pelvic pain, anal/rectal pain, bladder pain, abdominal pain, back or neck pain, and nerve/musculoskeletal/widespread pain, as well as other, participant-specified pain to allow for as many of the conditions described above. While some of these causes, such as provoked vestibulodynia and chronic prostatitis, are specific to

certain genders, other causes of pain, like migraines or chronic pain conditions, are not. As such, there were no limitations on gender identity or sexual orientation in this study either.

Approach/Avoidance Motivation and Ambivalence

Partnered sex involves individuals' negotiating their desires, needs, motivations, and boundaries. In an ideal setting, this interaction would balance each individual's desired interactions and outcomes equitably, with no one person's desires outweighing another's person's boundaries. However, multiple, competing objectives between individuals and even within each person can necessitate some type of negotiation process. In the context of pain during sexual situations, this can create a conflict in motivation for individuals as they may feel pressure to engage in an activity that is pleasurable for their partner but painful for themselves, or both pleasurable and painful for themselves.

Differing motivations and pressures for sex can be interpreted within a larger framework of motivational psychology. In Cooper, Shapiro, and Power's 1998 analysis of motivations for sex, the authors based their framework around the concept of approach and avoidance motivations. Approach, or appetitive, motivations are characterized by the pursuit of positive or pleasurable experiences, whereas avoidance, or aversely motivated, behaviors are driven by the pursuit of preventing negative or painful experiences (Cooper et al., 1998). A second dimension of motivation suggested by Cooper et al. pertains to whether an action is taken for personal or social benefit (1998). This dimension is split between self-focused, in which decision are centered around identity affirmation or enhancing one's emotion experience, and other-focused, in which decisions are centered around communal or social needs such as partner approval or impression management. (Cooper et al., 1998). Approach-, avoidance-, self-, and other-focused motivations can be crossed with one another to create four distinct motivations across two

dimensions. Using a variety of sexual situations to exemplify these four motivations, an individual may want to engage in sexual activity to satisfy their sexual desire (self-focused approach), to feel desired by another (self-focused approach), or to feel emotionally close to their partner (other-focused approach). In contrast, an individual may feel driven to engage in sexual activity to prevent a verbal or physical dispute with a partner (other-focused avoidance), avoid being labeled as sexually inexperienced or a "prude" (other-focused avoidance), or to avoid a sense of inadequacy in their role as a "good wife/husband/partner" (self-focused avoidance).

Approach and avoidance motivations can be further complicated when multiple objectives compete with one another, creating a sense of ambivalence. Ambivalence in sexual decision making involves some kind of conflict in motivation, whether it be wanting some aspect of sex but not others, or being willing or consenting to have sex, but not necessarily wanting or desiring sex (Peterson & Muehlenhard, 2007). For example, one may want to experience sexual pleasure but not the potential risk of pregnancy, or one may want to gain sexual experience but is not particularly interest in their partner, or one may feel very little sexual desire but may want to conceive a pregnancy or feels they owe their partner sexual attention.

Ambivalence is a potentially salient concept for those who experience pain during sexual activity. When considering whether to engage in potentially painful sex, one may feel ambivalent about two negative outcomes that are in direct conflict with one another: negative physical outcomes if sex does occur, or negative emotional outcomes, such as interpersonal conflict or perceptions of inadequacy, if sex does not occur (Hinchliff, Gott, & Wylie, 2012). It is conceivable that one could feel ambivalent about wanting a positive outcome in painful sexual situations as well, such as experiencing sexual satisfaction or emotional intimacy, but fear the pain that might come with pursuing such goals. There is evidence that ambivalent or avoidance-

related motivations can be a common feature of sexual decision making for those who experience pain with sexual activity. For example, when asked about their motivations for engaging in sex, women diagnosed with provoked vestibulodynia reported lower approach goals, such as experiencing pleasure, excitement, or intimacy, and higher avoidance goals, such as preventing relationship conflict or avoiding rejecting one's partner, when compared with healthy controls (Dubé et al., 2017). These decision-making patterns have been observed in men as well. In a study of male sexual dysfunction and avoidance behaviors, Stephenson found that some men continued to engage in sexual activity, despite pain or functional challenges, in order to maintain their relationship with their partners (2019). Experiencing greater avoidance motivation for engaging in sex may have more negative consequences for individuals as compared with approach motivation, including higher rates of depressive symptoms, lower sexual and relationship satisfaction, and decreased sexual functioning over time (Rosen et al., 2015). Furthermore, in Impett et al.'s review of prosocial motivations for sexual behavior, the authors noted that community participants in a daily experience study reported that on days when they had sex for avoidance motivations, they experienced more negative emotions, greater relationship conflict, and lower sexual satisfaction (2015).

Gendered Sexual Scripts

Some pressures to engage in sexual activity stem from socialized messages regarding appropriate, ideal, or "normal" sexual behavior. These messages are gleaned from a number of sources, ranging from micro-level influences, or *interpersonal scripts,* like family members, mentors, and peers (Braksmajer, 2017; Simon & Gagnon, 1986) to macro-level sources, or *cultural scenarios*, such as media, religion, and educational programs (Conroy, Krishnakumar, and Leone, 2015; Simon & Gagnon, 1986). Such messages are utilized, consciously or not, as a

template or “script” to follow in sexual situations in order to adhere to socially acceptable norms and avoid negative social consequences (Simon & Gagnon, 1986). These sexual scripts vary across identities, including gender and sexual identity, such that lesbian, bisexual, heterosexual women and femme-identifying people will all have different sexual scripts regarding normative sexual behavior and expectations, just as gay, bisexual, heterosexual men and masculine-identifying people will also have different sexual scripts (Carpenter, 2010). Gendered sexual scripts range in topic from who initiates or receives sexual advances, how those advances should be carried out and received, what activities are acceptable given specific circumstances, and who’s sexual pleasure is prioritized or undervalued (Carpenter, 2010). The following sections will explore various sexual scripts that relate to decision making in both painful and non-painful sexual situations.

Sexual acquiescence and sexual care work

As discussed earlier, motivations for engaging in sex are often multifaceted and exists across different levels of wanting and consenting to sex (Peterson & Muehlenhard, 2007). Recent research suggests that there may be further gradations of motivations to engage in sex that reflect societal pressures to engage in sex. Conroy et al. refer to this concept as *sexual acquiescence*, a type of social coercion that operates on gendered sexual scripts which normalize heterosexual women’s participation in unwanted sexual activity in order to maintain relationship satisfaction (2015). This concept is distinct from other forms of coercion in that sexual acquiescence can occur when individual partner pressure is absent, instead operating on pre-existing, internalized gendered sexual scripts that foster a sense of social role inadequacy and failure if one cannot provide sexually for one’s partner (Conroy et al., 2015).

Sexual acquiescence is upheld by gendered sexual scripts that are communicated through a number of macro-level sources relating to normative sexual relationships, including popular magazines, film, literature, and pornography (Conroy et al., 2015). These messages may push individuals to acquiesce to not only unwanted, but physically painful sex, in order to adhere to socialized expectations about "normal" sexual relationships and gender-specific obligations in intimate partnerships. This form of *social coercion*, as the authors refer to it, may be a particular source of pressure that is a contributing factor to certain kinds of avoidance motivation, as one might comply with sexual activity in order to prevent potentially negative social or interpersonal outcomes (Conroy et al., 2015). This may be a learned response, as studies have indicated that women who engage in sexual acquiescence have previously experienced overt negative outcomes such as coercion, manipulation, or physical abuse when they overtly declined sex (Conroy et al., 2015). This particular trend has shown to be relevant for those who have chronic conditions that regularly cause pain during sexual activity, as over time some partners may become less tolerant of a sexual relationship that feels unfulfilling to them and may engage in various coercive techniques to achieve their personal sexual goals (Braksmajer, 2017). This, in turn, may cause individuals to engage in sexual acquiescence in future encounters.

In their subsequent study of sexual acquiescence rates, Conroy et al. found that 88 out of 139 (64%) of undergraduate women had acquiesced to some form of unwanted sexual activity and did so in roughly 1 out of every 4 sexual encounters (2015). The most common reasons for "going along" with this unwanted sexual activity were promoting their partner's pleasure, promoting intimacy, avoiding upsetting their partners, and preventing their partner from losing interest in the relationship (Conroy et al., 2015). These results mirror other findings in Carter et al.'s nationally representative study of sexual health; of the participants who engaged in painful

sex and did not tell their partner about their pain (which was 49% of the sample), the most common reasons for not telling one's partner about pain were the normalization of pain during sex (30%), pain seeming inconsequential (24%), gendered interactional pressures (15%), and the prioritization of the partner's enjoyment (14%) (2015).

Similar kinds of sexual acquiescence have been noted in the qualitative literature related to sexual pain. A small study of 7 Australian women with vulvodynia, ages 18-41, found that some women reported an internal sense of pressure to provide sex for their partners (Ayling & Ussher, 2008). One participant noted that while her partner was "totally understanding" and never pressured her to engage in painful sex, she still felt inadequate as a partner and had a sense of shame for being unable to engage in sex with her partner (Ayling & Ussher, 2008). In a 2012 qualitative study of women with vulvar pain and low sexual desire, several participants reported forcing themselves to have painful sex because they felt obligated to provide sex for their partner (Hinchliff, Gott, &Wylie, 2012). As one participant described, "it got to the point where I would do it and just put up with the pain because, you know, I didn't know how to deal with it, and *it wasn't a case of I was being forced*, he did understand…I thought "What else can I do, I can't say no forever" [emphasis added] (Hinchliff, Gott, &Wylie, 2012, p. 1257).

Pressure to engage in painful sexual activity can also come from *sexual care work*: a form of heteronormative emotional labor that women undertake to care for their partner's sexual well-being (Braksmajer, 2017). Sexual care work operates on the gendered script that women are the caretakers in their relationships and are responsible for their partner's emotional well-being and sexual satisfaction. To fulfill this role, one is required to provide sexual pleasure regardless of whether they themselves are interested in sexual activity. Braksmajer introduced this concept in a 2017 qualitative study of 53 women with a variety of sexual dysfunctions, including

vestibulodynia and dyspareunia. Participants discussed a variety of ways that gendered sexual scripts played a role in their decision making to engage in painful sex. For example, some participants reported feeling inadequate both as a woman and as a sexual partner if they did not or could not provide their partners with sexual intercourse (Braksmajer, 2017). Participants often used the term "duty" to describe their feelings of responsibility for their partner's sexual needs and reported feeling less in-line with their concept of womanhood when their sexual pain prevented them from carrying out these perceived responsibilities (Braksmajer, 2017). Furthermore, participants reported that their partners and even family members pressured them to engage in sexual activity, despite the pain it caused, by using tactics like covert manipulation, coercion, and withholding affection (Braksmajer, 2017). In response, some participants stated that they ultimately resorted to feigning enthusiasm and interest during painful sexual activity in order make their partners feel desired.

Even in situations where partner pressure was lacking (per Conroy et al.'s sexual acquiescence) and there was even an attempt to provide support and understanding, some participants still reported a sense of internalized pressure to provide sex for their partners. One participant reported that she would force herself to have sex with her if she felt it had been "too long" since their last sexual encounter, despite the fact that the pain she experienced with sex caused her to cry and would last for several days following the encounter (Braksmajer, 2017). Some participants were able to connect that this internalized sense of pressure was reinforced by the previous messaging they received from friends and family members about sexual expectations for women in heterosexual relationships, such as the risk of infidelity if they did not provide sex for their partner (Braksmajer, 2017). Some participants felt that these repeated encounters of sexual acquiescence, combined with the physical pain they experienced, made

them feel violated, coerced, or even sexually assaulted, although some used adjacent phrases like "mini rape" or "really strongly [not] wanting to have sex" (Braksmajer, 2017, p. 2091). Participants often turned their negative feelings on themselves rather than their partner by blaming themselves for acquiescing to sex instead of standing up for themselves. These findings are in line with previous research that demonstrated negative outcomes for individuals who endorse avoidance motivations for engaging in sexual behavior and provide further insight into the negative social and emotional repercussions for some individuals who engage in unwanted painful sexual activity.

Similar themes of sexual care work were mentioned in several other qualitative studies of heterosexual women with sexual pain disorders. Hinchliff et al. found that women experienced various kinds of pressure to continue providing sexual for their partners despite their pain. One participant described motivations similar to sexual care work, stating that she would have sex "even when it was very painful for [her] because [she] just felt that it perhaps kept everything together…you want to please your partner and you don't want them to stray, it's like keeping the hook on the reel…" (Hinchliff et al., 2012, p. 1257). Hinchliff et al. noted most of the women in their sample seemed unsure of how to continue a relationship without penetrative sex and found it difficult to say no to painful sex when they felt there were no other options available to them. These women also engaged in what could be viewed as a unique form of sexual care work: making sure they did not frustrate their partners by "teasing" them with other forms of intimacy if it wouldn't result in penetrative sex, thereby taking responsibility for their partner's emotional and sexual well-being. Participants managed this by either avoiding all forms of intimacy and flirtation with their partner or simply complying with their desires for sex when their partner expressed frustration (Hinchliff et al., 2015). This pressure to follow any act of intimacy with

penile-vaginal intercourse is an important concept in sexual decision making and will be further explored in the subsequent subsection.

The coital imperative and definitions of "sex"

The kinds of sexual activities we engage in are influenced by a number of factors that go beyond simple sexual preference and physical sensations. Sexual activities can hold particular meaning because they represent aspects of our identities and values. In this context, sex becomes something that not only affirms *what* someone likes, but *who they are* because of it. When definitions and signifiers of what a sexual act represents become more important than the actual physical or emotional outcomes of that act, it can result in negative outcomes. Individuals may engage in unwanted, painful sex because they or their partners feel that only certain acts qualify as having "real sex." As a consequence, they may also devalue other less painful and potentially more pleasurable sexual activities because they do not fit within their definitions of "sex," instead considering them to be foreplay or lower down on the linear, hierarchical structure of sexual behavior.

This hierarchical view of sexual activity is referred to as the *coital imperative*, in which penetrative penile-vaginal intercourse (PVI) is considered the quintessential form of sex, while all other activities are seen as preparatory or optional in comparison (McPhillips, Braun, & Gavey, 2001). This perspective implies that (a) PVI is the natural or logical conclusion of sexual activity and (b) that any encounters without PVI do not qualify as sex. This belief centers heterosexual sex as normative and disregards the possibility of same-sex and gender-diverse partnerships, although it can be harmful for heterosexual individuals as well. Many cisgender women cannot experience orgasm through vaginal penetration alone (Mahar, Mintz, & Akers,

2020), so the coital imperative places emphasis on a sexual act that may be less pleasurable for some women.

The coital imperative was first explored in a qualitative study of 30 heterosexual men and women who were interviewed about the significance and meaning of PVI in their lives. In this study, participants routinely reported the centrality of PVI in their sexual lives, stating that it is the crucial part of "sex" and the normal, logical conclusion of sexual intimacy; at the same time, these participants were unable to articulate what it is about PVI that felt so important or why it was enjoyable (Gavey, McPhillips, & Braun, 1999; McPhillips et al., 2001). Gavey, McPhillips, & Braun inferred that this inability to describe one's interest and motivation for engaging in PVI speaks to the default nature of intercourse, something to be opted out of instead of something one chooses to engage in. When participants were asked about sexual activities other than PVI, these acts were viewed more as a prelude to intercourse rather than a viable alternative, indicating that these behaviors could never suffice as full "sex" on their own (McPhillips et al., 2001). Around one-third of the sample even said that they could not have a sexual relationship with someone if it did not include PVI (McPhillips et al., 2001). One participant noted that he would want his partner to provide a "good reason" PVI was not an option within a relationship (McPhillips et al., 2001). Other participants equated penetrative sex, particularly on a frequent basis, with broader normative concepts like being "healthy" and "physically normal" (Gavey, et al., 1999, pp. 44).

The coital imperative is evident in other lines of research as well. Many studies have centered around asking participants to evaluate a list of sexual activities and indicate that if a given act were the "most intimate" sexual activity they did with another person, would they say they had "had sex" with that person? Sanders and Reinisch first posed this line of research in 1999 to 599 undergraduate students, providing a list of 11 randomized sexual behaviors to be

evaluated. These acts ranged from kissing, oral or manual stimulation of various body parts, anal sex, to penile-vaginal intercourse. In this study, PVI was the item that was most highly endorsed to be "sex," with 99.5% of participants endorsing this choice (Sanders & Reinisch, 1999). With a noticeable 18.5% drop-off in endorsement, the next highest endorsement was for anal sex at 81% (Sanders & Reinisch, 1999). Non-penetrative sexual acts had much lower rates of endorsement, with 14-15% of participants endorsing manual stimulation of genitals and 40% endorsing oral stimulation as "having sex" (Sanders & Reinisch, 1999). Other studies have found similar hierarchical ranking of sexual activities over the years (Gute, Eshbaugh, & Wiersma, 2008; Horowitz & Spicer, 2013; Randall & Byers, 2003; Trotter & Alderson, 2007). The relative broadness or narrowness of one's definitions of sex can vary based on identity and circumstance; for example, sexual minorities tend to have broader definitions than heterosexual individuals (Horowitz & Spicer, 2013; Schick et al., 2016; Sewell, McGarrity, & Strassberg, 2017), older individuals tend to have broader definitions than younger populations (Schick et al., 2016), and some individuals rate encounters in which an orgasm occurs as more likely to count as "sex" than those without one (Randall & Byers, 2003; Trotter & Alderson, 2007). The evidence for gender-differences in definitions of sex is mixed, with some studies finding men with broader definitions (Gute, Eshbaugh, & Wiersma, 2008; Sanders & Reinisch, 1999), others finding women with broader definitions (Trotter & Alderson, 2007), and others still finding no gender differences whatsoever (Horowitz & Spicer, 2013; Randall & Byers, 2003).

The coital imperative and how one defines "sex" has important implications for individuals who experience pain during sexual activity. By nature of their conditions, penetrative sexual activities can some of the most painful to engage in for individuals with sexual pain disorders (Dargie & Pukall, 2016; Basson) or certain chronic conditions (Basson, 2010). And

yet, because of the coital imperative, it is penetrative sex, specifically penile-vaginal intercourse, that is viewed to be the only valid, complete form of sex. Other sexual acts that are not penetrative may be more enjoyable for some individuals, but these activities may not be viewed as viable alternatives. While we know that sexual pain disorders and chronic conditions are not inherently specific to gender or sexual orientation, individuals who ascribe to heteronormative sexual scripts may have a different experience of navigating their pain during sexual encounters.

Qualitative studies of women with various sexual pain disorders have implicated that these sexual scripts have made managing their sexual pain more challenging. For example, participants in Hinchliff et al. discussed feeling external and internal pressure to participate in penetrative vaginal sex despite their pain (2012). The majority of the sample endorsed the idea that intercourse was the only act that counted as sex, with other activities considered to be "foreplay" or "extra" but never an adequate substitute for penetrative vaginal sex (Hinchliff et al., 2012). When asked if she had found other ways to be sexual with her partner, one participant stated,

> I think at the end of the day it was a case of it comes down to actually having sex. I felt that if there was foreplay and stuff it was kind of leading him on to think that he was going to have sex, and I didn't really feel that I was interested in that, maybe because at the end of it I knew where it was going to go: it was either I had sex or nothing and I was just trying to always get out of it really. (Hinchliff et al., 2012, pp. 1256-1257)

Another participant noted that she avoided all forms of intimacy with her partner because he would interpret any physical affection as an invitation to have penetrative sex, highlighting several aspects of the coital imperative: all non-intercourse acts are preparatory in nature and all sexual acts lead to intercourse. In Ayling and Ussher, participants reported similar feelings of

stress surrounding sexual activity, noting that they were worried about trying to have some form of intimacy without it progressing into penetrative sex (2008). Participants feared their partner's inevitable sense of disappointment and the sense of shame it would make them feel, which led some to simply feel it was not worth the endeavor (Ayling & Ussher, 2008).

There is evidence that individuals who don't ascribe to the coital imperative may be better at navigating sexual pain challenges. Sexual minorities, for example, are not necessarily impacted by heteronormative sexual scripts about what qualifies as sex and therefore may have more flexibility in finding sexual acts that are mutually pleasurable and not painful (Blair et al., 2015). In a study comparing relationship values in mixed- and same-sex couples who experience pain with sex, women in same-sex relationships reported communication as a more important variable than expressions of love in mitigating the negative effects of sexual pain. Blair et al. argued that communication regarding sex may be both more open and placed at a higher priority in same-sex relationships, allowing for easier navigation of pain-related challenges when they arise. Mixed-sex couples may fall back on unspoken gendered sexual scripts such as the coital imperative when deciding if and how to have sex, which leaves less room for adjusting sexual repertoires to individual needs. This may explain their finding that more heterosexual participants reported that their pain had a negative impact on their sexual relationship than either lesbian or bisexual participants (Blair et al., 2015).

It is important to note that not all heterosexual individuals ascribe to the coital imperative or other heteronormative sexual scripts. In Ayling and Ussher, a participant in a mixed-sex relationship mentioned that her partner openly encouraged non-penetrative sexual practices and alternative forms of showing attraction and intimacy (2008). She eventually came to embrace this and had since reported feeling "confident and happy in the bedroom" despite not regularly

engaging in penetrative sex (Ayling & Ussher, 2008). Nine participants in a qualitative study of 28 women with chronic back, joint, and/or muscle pain also found creative ways to successfully work around their sexual difficulties (Schlesinger, 1996). Some participants discussed making physical adjustments to their sexual positions so that they were less painful, while others found alternatives ways to be intimate that soothed their pain, such as back massages (Schlesinger, 1996). Ultimately, these individuals were able to alter their sexual scripts in order to maintain sexual intimacy and satisfaction in their relationships without having to compromise on their needs regarding pain management (Carpenter, 2010).

Gendered sexual scripts provide a compelling argument for why some individuals feel pressured to engage in sexual activities that are painful for them; indeed, it demonstrates just how powerful these scripts are that individuals feel they must abide by them rather than avoiding the experience of physical pain. In this study, we hoped to recruit participants with a variety of genders and sexual orientations to explore if and how gendered sexual scripts are involved in sexual decision making when pain is a concern. While much of the literature is focused on the gendered sexual scripts that apply to heterosexual women, sexual scripts exist for other genders and sexual orientations as well. For example, gay men show some level of hierarchical defining of "sex" based on penetrative sexual acts in a manner similar to heterosexual individuals (Sewell, McGarrity, & Strassberg, 2017). Given the under-researched perspectives of sexual minority individuals and their experiences of pain during sexual activity, it is important to explore if these individuals experience different patterns of decision making or unique types of pressures in such situations. Male-identified participants may also provide a unique and thus-far under-researched perspective on painful sexual experiences (Braksmajer, 2017; Carpenter, 2010). Men are subjected to societal pressures regarding gender normative behavior, including the concept that

they must always be the initiator in sexual situations (Murray, 2018), that they are always interested in sex regardless of the circumstance (Gavey et al., 1999; Murray, 2018), and that they should not show pain. These may also be salient pressures for men who experience pain during sexual activity.

The Present Study

The goal of the present study was to explore individuals' experiences of pain during sexual activity and the various pressures they report experiencing to engage in potentially painful sexual activities. We hope that this research will illustrate important patterns in sexual decision making and the varied ways that individuals navigate personal and social expectations regarding sexual behavior. We asked the following research questions:

RQ1: What types of pain are most commonly reported among individuals who experience pain with sexual activity?

RQ2: In what ways do individuals report pain has influenced their frequency of sexual activity, if at all?

RQ3: What sources of pressure do individuals report experiencing when making decisions about engaging in potentially painful sex?

RQ4: In what ways are gendered sexual scripts present in participants' descriptions of their motives, sexual decision-making processes, and sexual behavior?

Method

Participants

Participants were individuals ages 18 or older who self-identified as having current or past experiences of pain during partnered sexual activity. Individuals of any gender identity or sexual orientation were encouraged to participate, provided they have experienced unwanted

pain during sexual encounters. There was no requirement that participants currently be in a relationship or that the pain they experienced occurred within a formal, committed relationship.

Participant Recruitment

Participants were recruited over various social media sites: Reddit.com, the survey recruitment page of a prominent sex researcher's website, professional listservs for sexuality research, and the social media accounts of a sex education non-profit organization. See Table 1 for a complete list of recruitment sources.

Reddit is a major internet discussion forum and ranks as the 5th most visited website in the United States as of December 2019 (Reddit, 2020). Reddit has over 430 million active members on a monthly basis and over 130,000 active communities, with a number of sub-forums, or subreddits, that are devoted to specific topics (Reddit, 2020). Reddit has been shown to be generally nationally representative of the adult United States population in terms of race/ethnicity and gender, with slight differences in socioeconomic status (less wealthy than the general population) and education level (more educated than the general population) (Schatz, 2017). Subreddits were selected by searching the website for the terms "pain" or "painful" and "sex," which provided a list of subreddits in which user posts contained these terms. Additionally, some subreddits were recommended as relevant by reddit users who interacted with the posts. The survey was posted to a total of 25 subreddits, ranging in topic from sex, relationships, women and men's health, chronic illness and pain, to survey recruitment. Table 1 features a complete list of the subreddits used for this survey.

Posts to Reddit communities were made according to specific sub-forum rules, such as obtaining moderator approval before posting. A web traffic analysis website (https://dashboard.laterforreddit.com/analysis/) was used to determine the optimal days and times

Table 1

Recruitment Sources

Source	Number of Participants
Reddit.com	507
r/healthyhooha	115
r/endo or r/endometriosis	67
r/SexOver30	52
r/vulvodynia	51
r/deadbedrooms	31
r/vaginismus	30
r/sex	26
r/SampleSize	20
r/obgyn	14
r/CUTI	14
r/pelvicfloor	10
r/pcos	9
r/interstitialcystitis	7
r/WomensHealth	6
r/menopause	5
r/painfulsex	5
r/ChronicPainSexTalk	3
r/TwoXChromosomes	3
r/Prostatitis	2
r/PGAD	1
r/ibs	1
r/disability	1
r/askgaybros	1
r/AskWomen	1
Unlisted subreddit	32
Social Media Posts	32
Sex and Psychology Blog	11
Word of Mouth	10
Professional Listserv	2
Other/Unlisted	24
Total	586

to post the survey to each subreddit so that post viewership and interaction could be maximized per Schatz's guidelines on how to effectively utilize Reddit for survey recruitment (2017). Additionally, our posts had an informative, interesting title ("Has painful sex ever affected your sex life?"), and we responded to Reddit users' comments in a timely manner to provide transparency about the survey and increase community interest. Our posts included a brief recruitment statement (see Appendix A) and a link to the survey.

Data were collected using the online survey platform Qualtrics. Upon clicking the survey link, potential participants were first directed to a welcome page (see Appendix B). This page described the purpose of the study, explained that participating was voluntary and anonymous, and provided the researchers' contact information. Those who chose to proceed were sent to the Information Statement page (see Appendix B). This page stated that the study had received institutional review board approval and provided a detailed description of the risks and benefits of participation, further information on their anonymity as participants, and the potential use of their data in a qualitative study. Specifically, they were informed that the survey involves questions about pain during sexual activity and that anonymous excerpts from their responses may appear in the final written analysis, so participants can skip any questions they do not feel comfortable answering and can exit the survey at any time. The estimated time for survey completion was stated as 20 minutes, although individual completion times varied depending on the level of detail participants chose to provide. Contact information for both the researchers and KU's Human Research Protection Program was listed on this page. The final section stated that by filling out the survey, participants implicitly consent to participate in this study. Participants were not compensated for their participation.

Data collection was completed after all relevant communities on Reddit were posted to and participant count had reached a level that would likely still provide meaningful analysis even after removing non-completed entries. A total of 894 individuals accessed the survey, with 744 participants providing at least some data. Of these 744 participants, 158 were excluded for various reasons: 10 were ineligible because they reported not experiencing pain during sex with a partner, 10 did not report their gender and other pertinent demographic information, and 138 did not provide sufficient data about the types of pain they experienced during sexual activity. These 586 participants, referred to as the *pain type sample*, provided data about the types of pain they experienced during sexual activity (e.g., genital pain, pelvic pain, anal/rectal pain). Of these participants, 342 participants provided qualitative information about a situation in which they anticipated possibly experiencing sexual pain with a partner; they are referred to as the *qualitative sample*. Demographic data about these samples are presented in Table 2. In both samples, most (almost 90%) of the participants identified as women. Some (5–7%) participants identified as men. Some (slightly > 5%) identified as transgender, genderqueer, nonbinary, agender, or intersex; we refer to these participants as "gender diverse individuals." Most women reported their sexual orientation as heterosexual, but a sizable minority reported their sexual orientation as bisexual, pansexual, or queer; we refer to these participants as "plurisexual." Among men, most of the men reported being heterosexual. Among gender diverse participants, most reported a sexual orientation that we classified as plurisexual. Participants' ages ranged from 18 to 80, with a median of 27. The vast majority (almost 90%) of the women reported being in relationships with cisgender men, despite over a third being categorized as plurisexual. Only 12 women described relationships with cisgender women. Of the four participants who identified as nonbinary, three described themselves as being "assigned male at birth." The painful sexual

situations the participants described are summarized in Table 3. In both samples, in all three gender categories, most participants described current pain in current relationships, although some described past pain in their current relationships or past pain in past relationships. Of the participants who were included in the qualitative sample, participants provided an approximate average of 471 words per response. Gender diverse individuals wrote the most, with an average of 599 words per response, followed by women (471 words/response) and then men (332 words/response). We included 285 quotes from 155 different participants in our Results section.

Table 2

Demographic Characteristics of Participants

	Pain Type Sample		Qualitative Sample	
	n	%	*n*	%
Gender				
Women	514	87.71	305	89.18
Men	41	7	18	5.26
Gender Diverse Individuals	31	5.29	19	5.56
Sexual Orientation x Gender				
Heterosexual Women	328	55.97	186	54.39
Plurisexual Women	171	29.18	112	32.75
Lesbian Women	5	0.85	3	0.88
Asexual Women	8	1.37	4	1.17
Undescribed Women	2	0.34	1	0.29
Heterosexual Men	31	5.29	13	3.8
Gay Men	3	0.51	2	0.58
Bisexual Men	7	1.19	3	0.88
Plurisexual Gender Diverse Individuals	25	4.27	15	4.39
Gay/Lesbian Gender Diverse Individuals	4	0.68	2	0.58
Heterosexual Gender Diverse Individuals	1	0.17	1	0.29
Asexual Intersex Individuals	1	0.17	0	0
Race/Ethnicity				
USA				
White Nonhispanic/Latinx	279	47.61	172	50.29
White Hispanic/Latinx	23	3.92	10	2.92
Black Nonhispanic/Latinx	10	1.71	10	2.92
Black Hispanic/Latinx	3	0.51	1	0.29
Asian	13	2.22	9	2.63
Native American/Indigenous	2	0.34	2	0.58
Middle Eastern/Indian	6	1.02	3	0.88
Mixed Race	18	3.07	13	3.8
Not listed	4	0.68	3	0.88
Country of Residence				
USA	358	61.09	223	65.2
UK	68	11.6	41	11.99
Canada	64	10.92	31	9.06
Europe	44	7.51	23	6.73
Australia/New Zealand	20	3.41	11	3.22
Scandinavia	14	2.39	7	2.05
Central/South America	5	0.85	1	0.29
Asia	3	0.51	3	0.88
Middle East	2	0.34	1	0.29
Africa	2	0.34	0	0
Unlisted	6	1.02	1	0.29
Total	586	100	342	100

Note. Plurisexual in this table includes bisexual, pansexual, and queer sexual orientations. Gender diverse includes transgender, genderqueer, nonbinary, agender, and intersex individuals.

Table 3

Types of Relationship and Pain Status Described, as a Function of Gender

	Entire Sample (N = 586)		Women (n = 514)		Men (n = 41)		Gender Diverse (n = 31)	
Type of Pain	*n*	%	*n*	%	*n*	%	*n*	%
Current pain in current relationship	390	66.55	348	67.70	24	58.54	18	58.06
Past pain in current relationship	69	11.77	58	11.28	5	12.20	6	19.35
Past pain in past relationship	127	21.67	108	21.01	12	29.27	7	22.58

Survey

The survey (see Appendix B) featured both closed- and open-ended questions pertaining to participants' experiences of pain during sexual activity and sexual decision-making processes. The survey began with a *demographic section* with questions related to age, country of residence, race/ethnicity, and gender identity. Sexual orientation was inquired about in two different ways. One item asked, "What is your sexual orientation?" with options for heterosexual, bisexual, lesbian, gay, pansexual, queer, asexual, and an option to write in a response if their answer was not listed. The second item stated "Across my lifespan, my sexual partner(s) have been: (Check all that apply)" with options for male, female, nonbinary, and an optional write-in response if their answer was not listed.

The next section addressed the *scope of sexual pain* covered in this survey. First, it clarified that this study was not referencing "wanted and intentional pain that results from BDSM

or kink-oriented sexual activity" or "pain that results from sexual assault or rape" in order to provide participants with a specific frame of reference. Then, the survey clarified what we *were* studying: *pain during partnered sexual activity*. (a) It defined sexual activity broadly as including "penile-vaginal intercourse, anal sex, oral sex, stimulating someone's genitals, etc." (b) Likewise, it defined relevant types of sexual pain broadly as including "genital pain, pelvic pain, anal/rectal pain, bladder pain, abdominal pain, back or neck pain, and nerve/musculoskeletal/widespread pain." (c) It clarified that this sexual pain could be ongoing or something that occurred in the past. With this background information, participants were then asked how often they have experienced pain during sexual activity: never, once, or twice, or on multiple occasions. Any participants answering "never" were directed to a final feedback form and the debriefing statement. All other participants were able to continue with the survey and were asked to specify what kinds of pain they experience and whether it is related to a clinical condition.

The following *relationship and pain status* section asked participants to specify their relationship status as currently in current relationship or relationships, previously in a relationship, or none of these, with an optional write-in their relationship status. Based on this response, participants were prompted to think of a specific relationship when answering the remaining survey questions: Those who reported being in more than one relationship were asked to think about *one specific* relationship in which they experienced painful sexual activity; those who report *no current* relationship were asked to think about a previous relationship in which they experienced painful sexual activity; and those who report *another, unspecified situation* were asked to think of a relationship in which they experienced painful sexual activity. The next item asked if pain during sexual activity was an ongoing issue for the participant or if it had

resolved. Participants could indicate that their pain was (a) an ongoing issue in a current relationship, (b) a resolved issue in their current relationship, (c) or a past issue in a past relationship. Participants were then branched off into three separate blocks depending on their responses: Those who selected option (a) were asked questions about ongoing pain in their current relationship, those who selected (b) were asked questions about a previous period of pain in their current relationship, and those who selected (c) were asked questions about pain in a previous relationship (see Appendix C for diagram of survey flow). These blocks contained follow-up questions that were identical in content, except for asking about present or past situations. Participants were asked about the relationship that they were describing, such as their partner's gender and sexual orientation, relationship description (e.g., was the other person their partner, spouse, boyfriend/girlfriend, casual partner, etc.), and relationship length. Participants were also asked how frequently they engage in sexual activity with their partner, how often that sex is painful, and if they believed that pain has influenced the frequency sexual activity in that relationship. Those with past issues with pain were also asked how this issue was resolved. Finally, participants were given a table of various sexual activities and asked to rate how often these activities cause pain on a 6-point Likert scale ranging from "never painful" to "painful every time," with an option to state that they "do not have this kind of sex" for each activity. At this point, all three blocks branched back into the main survey flow and moved on to the *anticipating painful sex* segment.

In the *anticipating painful sex* section, participants were asked a series of open-ended questions about their decision making in a specific instance in which their partner was interested in sexual activity, but they felt concerned because they anticipated the sex to be painful. Participants were asked for a brief description of the situation, what kind of pain they were

concerned about, and whether they had let their partner know that they were worried about experiencing pain. They were also asked what they thought would happen if they *did* have sex—and what they thought would happen if they *did not* have sex—in this situation. Following this line of inquiry, participants were also asked what, if any, reasons they had for wanting sex and not wanting sex (besides experiencing pain). Participants were asked if they felt "any kind of pressure to have sex," keeping in mind that "pressure can come from your partner, from yourself, or from the situation you were in."

Participants were also asked what they thought would happen if they had had sex—and if they had not had sex—in that situation and if they had used any strategies to influence the outcome of the situation. Finally, participants were asked about the outcome and resolution of this situation, including how they and their partner responded to the situation and any positive, negative, and "other" outcomes. Moving beyond this specific encounter, participants were then asked about the general, *long-term outcomes* of sexual pain on their relationship, their self-concept, and their sexual desire.

Upon completion of the survey, participants were taken to a Debriefing Statement (see Appendix B) which elaborated upon the goals of this study and again provided the contact information of the researchers and KU's Human Research Protection Program. A link to the survey was also provided with a note that participants could share the survey with anyone else who might be interested in participating. In addition to the survey items, each page of the survey had space in which participants had the option to provide feedback or further clarification of their answers.

Analysis

For the Pain Type Sample, quantitative descriptive statistics for several variables were calculated. We calculated frequency estimates for the following variables: participants reporting current pain in a current relationship, past pain in a current relationship, and past pain in a past relationship; types of pain reported by participants; participants who reported one or more types of pain; whether pain was related to a medical condition; frequency of pain with sexual activity; and whether pain influenced the frequency of sexual activity. Additionally, Pearson product-moment correlation coefficients between frequency of overall sexual activity and frequency of pain during sexual activity were calculated for women, men, and gender diverse individuals.

Qualitative data were analyzed using thematic analysis as described by Braun and Clarke (2006). This analysis used a contextualist approach to interpret the larger social and relational implications of participants' sexual decision making by "acknowledg[ing] the ways individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of 'reality'" (Braun & Clarke, 2006, pp. 81). This analysis featured elements of both inductive and theoretical frameworks by using concepts and theories from previous research to guide analysis while also allowing for novel concepts put forward by participants.

Development of themes occurred over multiple iterations of reviewing the data, with codes developing over time through the process of review and refinement among the researcher, her research advisor, and several research assistants. Disagreements regarding coding themes were resolved through group discussion until consensus was reached. Themes were continually reviewed and refined by the research team to create a final comprehensive framework of concepts and criteria that organized participants' experiences into meaningful categories of pressure to engage in painful sexual activity.

Results

The most common types of pain participants in the Pain Type sample reported were genital, pelvic, and abdominal pain, with the majority of the sample reporting two or more types of pain during sexual activity. Half of the cumulative Pain Type sample reported pain with sexual activity the majority of the time they had sex with their partners and continued to engage in all sexual activity, despite the pain they experienced. However, there was a negative correlation between how frequently sexual activity is painful for participants and how they engaged in sexual activity overall. Most women and gender diverse individuals reported that their pain was associated with a medical condition, whereas most men reported that it was not.

RQ1: What types of pain are most commonly reported among individuals who experience pain with sexual activity?

Table 4 shows several descriptive statistics as a function of gender (women, men, and gender diverse individuals), namely the percentage of participants who reported each type of pain, the percentage of number of types of pain reported by participants, and whether their pain was related to a medical condition. In the survey, participants were given a list of seven types of pain (e.g., genital pain, pelvic pain) and were asked to check any for which they experienced during sexual activity. There was also space in which they could write in other types of pain. For women, the most common types of pain that were endorsed were genital (86%), pelvic (61%), and abdominal pain (29%). Men endorsed genital (63%), anal/rectal (34%), and back/neck pain (34%) as most common. Gender diverse individuals endorsed genital (84%), pelvic (65%), and abdominal pain (36%) most frequently. For participants who reported "other" for type of pain, their responses included specific types of genito-pelvic pain (e.g., cervical pain, urethral pain, vulvar pain), lower body pain (e.g., leg, knee, foot, or hip pain), headache, or other

Table 4

Descriptive Statistics of Pain-Related Survey Items

	Types of Pain Reported By Participants							
	Entire Sample (n = 586)		Women (n = 514)		Men (n = 41)		Gender Diverse (n = 31)	
Type of Pain	*n*	%	*n*	%	*n*	%	*n*	%
Genital Pain	495	84.47	442	85.99	26	63.41	26	83.87
Pelvic Pain	343	58.53	315	61.28	8	19.51	20	64.52
Abdominal Pain	282	48.12	151	29.38	7	17.07	11	35.48
Bladder Pain	128	21.84	115	22.37	4	9.76	9	29.03
Anal/Rectal Pain	96	16.38	73	14.2	14	34.15	8	25.81
Back/Neck Pain	77	13.14	56	10.89	14	34.15	7	22.58
N/M/W Pain	60	10.24	47	9.14	6	14.63	7	22.58
Other Pain	24	4.1	19	3.7	4	9.76	1	3.23
	Number of Types of Pain Reported							
	n	%	*n*	%	*n*	%	*n*	%
1 Type	156	26.62	139	27.04	14	34.15	3	9.68
2 Types	201	34.3	173	33.66	19	46.34	9	29.03
3 Types	135	23.04	119	23.15	4	9.76	12	38.71
4 Types	57	9.73	52	10.12	1	2.44	4	12.9
5 Types	25	4.27	20	3.89	3	7.32	2	6.45
6 Types	9	1.54	9	1.75	0	0	0	0
7 Types	3	0.51	2	0.39	0	0	1	3.23
	Pain Related to Medical Condition							
Response	*n*	%	*n*	%	*n*	%	*n*	%
Yes	263	44.88	235	45.72	14	34.15	14	45.16
No	129	22.01	105	20.43	19	46.34	4	12.9
Unsure	187	31.91	166	32.3	8	19.51	13	41.94
Unlisted	7	1.19	7	1.36	0	0	0	0

Note. N/M/W pain stands for nerve/musculoskeletal/widespread pain

musculoskeletal pain (e.g., joint pain). The majority of the sample reported 2 or more types of pain (73%) versus 1 type of pain (26%), with over a third of participants reporting 2 types of pain, nearly a quarter of participants reporting 3 types of pain, and almost 10% reporting 4 types of pain. Women and men most typically reported 2 types of pain, whereas gender diverse individuals most commonly reported 3 types of pain. A larger proportion of women and gender diverse individuals reported that their pain was related to a medical than men. Furthermore, men were more likely to report that their pain was not related to a medical condition, rather than either being certain or uncertain that it was related to a diagnosis.

RQ2: In what ways do individuals report pain has influenced their frequency of sexual activity, if at all?

See Table 5 for a complete list of descriptive statistics for frequency of pain during sexual activity for the Pain Type sample. Frequency of pain during sexual activity was assessed by asking participants "On average, how often do you engage in sexual activity with your partner?" and "On average, what percentage of those times do you typically experience pain with sexual activity?" The median frequency of pain during sexual activity was 75% of all sexual encounters for the overall sample. However, the most commonly reported estimate of pain frequency was 100%, with just over 18% of the overall sample reporting pain during sexual activity at this rate. Overall, participants reported pain with sexual activity on a frequent basis: more than a quarter of the sample reported experiencing pain during sexual activity between 91-100% of the time they engage in sexual activities with their partner and half of the sample reported experiencing pain during sexual activity between 71-100% of the time they engage in sexual activities with their partner. Women reported the highest frequency of pain during sex,

followed by gender diverse individuals and then men. See Table 6 for a list of average frequency estimates of pain with sexual activity by gender.

Table 5

Frequency Estimates of Frequency of Pain During Sexual Activity

	Participants (n = 586)	
Pain Frequency	*n*	%
0-10%	31	5.29
11-20%	18	3.07
21-30%	40	6.83
31-40%	36	6.14
41-50%	41	6.99
51-60%	30	5.12
61-70%	47	8.02
71-80%	66	11.26
81-90%	77	13.14
91-99%	48	8.19
100%	106	18.09
Unlisted	46	7.85

Table 6

Average Frequency of Pain During Sexual Activity With Partner

	Average Frequency Estimate
Gender	%
Women (n = 514)	70.03
Men (n = 41)	49.21
GDI (n = 31)	62.07

Note. GDI stands for Gender Diverse Individuals

See Table 7 for descriptive statistics of how participants reported pain influenced their frequency of sexual activity. Of those who reported a frequency estimate for this question, women reported that sexual activity with a partner was painful approximately 70% of the time, men reported pain almost 50% of the times they engaged in sexual activity, and gender diverse individuals reported pain just over 60% of the times they engaged in sexual activity. Of the 534 participants reported how pain had influenced the frequency of sexual activity in their relationship, a third reported that they avoided some sexual activities but engaged in others, half

of these participants reported that they engaged in all sexual activities regardless of the pain, 6% reported that they no longer engaged in any sexual activity due to pain, 6% reported that pain had did not influence the frequency of sexual activity in their relationship, and 6% reported another, unspecified outcome. Put another way, participants in this study were more likely to engage in sexual activity despite it being painful than they were to selectively avoid painful sexual activities but engage in others. Across genders, women reported very similar trends regarding sexual activity, likely due to being the majority of the sample. However, among the men of the subsample, only 18% reported avoiding painful sexual activity, with 68% engaging in sexual activity despite it being painful. Among the gender diverse subsample, participants were equally likely to avoid sexual activities if they were painful as they were to engage in activities regardless of the pain they caused (40% and 40%, respectively).

Table 7

Perceived Pain Influence on Sexual Frequency

	Perceived Pain Influence on Sexual Frequency							
	Entire Sample (n = 586)		Women (n = 514)		Men (n = 41)		Gender Diverse (n = 31)	
Response	*n*	%	*n*	%	*n*	%	*n*	%
Avoided some sexual activities, engaged in others	164	30.71	146	31.06	6	17.65	12	40
Engaged in all sexual activities, regardless of pain	270	50.56	235	50	23	67.65	12	40
No longer engaged in sexual activities due to pain	36	6.74	32	6.81	2	5.88	2	6.67
No influence on sexual activity	33	6.18	30	6.38	2	5.88	1	3.33
Other	31	5.81	27	5.74	1	2.94	3	10

Participants were asked, “On average, how often do you engage in sexual activity with your partner?” Response options ranged from “Never” to “7 or more times a week” (sexual frequency). We transformed their answers to a ratio scale reflecting the approximate numbers of time per month (e.g., “Never” was set to 0; “About once a week” was set to 4; “2-3 times a week” was set to 10; and so forth). They were also asked, “On average, what percentage of those times do you typically experience pain with sexual activity?” To respond, they were given a slider that allowed responses between 0% and 100% at 1% intervals and what percentage of those times they experienced pain during sexual activity (pain percentage). Using a 30-day period as an approximation for a month, women reported engaging in sexual activity 5.18 days out of the month, men reported sexual activity 7.24 days out of the month, and gender diverse individuals reported sexual activity 4.68 days out of the month. The overall sample had a weak but statistically significant negative correlation between how often sexual activity was painful and how often participants engaged in sex $r(534) = -.23$, $p < .001$, 95% CI [-0.32 -0.16]. When correlation coefficients were calculated by gender, women and gender diverse individuals had statistically significant weak negative correlations between how frequently sexual activity was painful for them and how often they engaged in sex overall; men had also negative correlation, but it was not statistically significant at the $p < .05$ level. Women had a correlation of $r(470) = -.21$, $p < .001$, 95% CI [-0.30 -0.12] and gender diverse individuals had a correlation of $r(27) = -.39$, $p = .04$, 95% CI [-0.66 -0.03]. Said another way, the more often sex was painful for women and gender diverse individuals, the less often they engaged in sexual activity, while for men, there was no significant correlation between how often sex was painful and how often they engaged in sexual activity. See Table 8 for a complete list of correlation results.

Table 8

Correlations Results of Pain Frequency and Overall Frequency of Sexual Activity

Gender	*r*	DF	*t*	*p*	95% CI
Total (*n* = 536)	-0.24	534	-5.619	<.001***	[-0.32,-0.16]
Women (*n* = 472)	-0.21	470	-4.72	<.001***	[-0.30 -0.12]
Men (*n* = 32)	-0.24	31	-1.35	0.19	[-0.54, 0.12]
GDI (*n* = 29)	-0.39	27	-2.22	.04*	[-0.66, -0.03]

Note. GDI stands for Gender Diverse Individuals

*$p < .05$ *** $p < .001$

RQ3 & RQ4: What sources of pressure do individuals report experiencing when making decisions about engaging in potentially painful sex? In what ways are gendered sexual scripts present in participants' descriptions of their motives, sexual decision-making processes, and sexual behavior?

The 342 participants who provided qualitative data reported experiencing a variety of pressures to engage in painful sexual activity. We categorized their answers as describing pressure from the participants themselves, pressure from their partner, pressure from the situation, and pressure from larger societal forces. Each type of pressure and its subthemes are explored below. Most of the participants were women; unless otherwise specified, the partners that they described were men. In some cases, survey questions are included in italics within participant quotes to add context to participants' responses. See Table 9 for a complete list of theme codes. See Appendix D for a list of medical conditions referenced by participants throughout the study.

Self-Pressure

Many participants expressed that they experienced internalized pressure to engage in sexual activity, even if it might be painful. These pressures were related to a range of motivations or desired outcomes. Some individuals reported feeling pressure to engage in potentially painful sex because of what they wanted or did not want for themselves. For some individuals, attaining

Table 9

List of Theme Codes for Sources of Pressure to Engage in Potentially Painful Sexual Activity

- Self-Pressure
  - Wanting to Feel Desirable
  - Wanting to Feel "Normal"
  - Avoiding Feeling Inadequate or Broken
  - Exerting Control Over One's Body (My Body Versus Me)
  - Managing Partner Emotions and Expectations
  - Maintaining the Relationship
  - Wanting Sex for Its Own Sake
  - Maintaining Prior Levels of Sexual Satisfaction
  - Lack of Partner Pressure Specified
- Partner Pressure
  - Discussing a Lack of Sex/Intimacy
  - Expressing Dissatisfaction
  - Threatening to Terminate the Relationship
  - Acting or Initiating Before Participant Could Say Yes or No
  - Disregarding Participant's Report or Expression of Pain
  - Getting Angry, Making Accusations, Threatening Harm
- Situational Pressure
  - Taking Advantage of a Rare Opportunity
  - Following a Routine or Schedule
  - Special Occasions
- Societal Pressure
  - Cultural Norms About Sex or Relationships
  - Media Representation
  - Religious Pressure

a desirable self-image was their motivation for engaging in painful sex, whether that was the pursuit of a positive self-label or the avoidance of a negative self-label. Participants also reported feeling pressure either because they enjoyed sex or needed to meet certain personal standards regarding sex, such as returning to a prior level of sexual functioning and satisfaction. Other participants reported feeling pressured to engage in potentially painful sex for their partner's benefit. However, these responses were categorized as self-pressure only if participants reported that they considered sex to be important to manage their partner's emotions or expectations surrounding sexual activity or to preserve their relationship. Finally, some participants described pressuring themselves to engage in painful sexual activity even when their partner assured them that it was not necessary to do so. We coded responses in this category if they featured first-person statements from the participants about their thoughts, feelings, motivations, and behaviors regarding pressure to engage in possibly painful sexual activity.

Wanting to Feel Desirable. Experiencing pain during sexual activity caused some participants to lose self-confidence about their sexuality. By engaging in sex, even if it was painful, some participants hoped to achieve or rediscover identities as desirable, sexual individuals. Participants were coded into this category if they mentioned wanting *to feel* or *to be perceived* as a sexy, fun individual or as a sexually desirable partner/spouse who enjoyed sex.

A 51-year-old woman with vaginismus stated that she wanted to engage in sexual activity, despite the possibility of pain, for the following reasons: "Mentally, I have loved the idea of sex. I want to be sexual. I want to be desired. I want to please (this is the real issue)" (#131, heterosexual, USA). Another woman wrote that she experienced "Pressure from myself to provide for my partner, be sexy and receptive" to her partner's sexual advances (#38, age 22,

heterosexual, United Kingdom). Another participant described wanting to be perceived as playing a more active, empowered role in her sex life:

> I think the pain doesn't vibe with my openness and desire for sex so it makes me feel like [something] is wrong with me and makes me feel less sexual as a being. I want to also see myself as the [initiator] not just the always receptive partner. (#905, woman, age 25, bisexual, Canada)

Several participants described a strong desire to portray a fun, sexually available, or even wild side of themselves. These participants expressed a motivation to go beyond sexual "normalcy" and achieve something more spontaneous and passionate, which clashed with the sense of dull predictability or even dysfunction that some reported they felt. This contrast between the role they thought they should fulfill as a sexually desirable partner and what their bodies required of them was often the source of pressure to engage in sexual activity. One individual noted that

> I put pressure on myself: I wanted to be a good time gal, I thought the pain during sex was because I was broken, and I thought if I didn't have sex I was like, a lame bore. I wanted to want to have sex. (#69, woman, age 29, bisexual, Canada)

Another participant wrote that she pressured herself into sex because

> i want to be the person who fucks all day every day effortlessly and has no pain or dryness or whatever else that might be messing with me, so I can have fun and feel/give pleasure with nothing holding me back, so sometimes I know it's not gonna feel good at all but I dont stop it anyways, thinking powering through will help (#334, woman, age 22, bisexual, Sweden).

When describing the reasons that she wanted to have sex despite the possibility of pain, another woman stated,

> I hadn't had sex in a while and it made me feel a bit more 'cool'. I was also drunk and had a bit of a 'why not' attitude after being cooped up all year due to covid. I liked feeling attractive to someone. (#75, age 28, heterosexual, Australia)

For some, this desire was about having a better relationship with sex by experiencing genuine sexual desire (e.g., "wanting to want sex"), and pleasure during sexual activity (e.g. "so I can have fun and feel/give pleasure with nothing holding me back"). For others, this desire pertained to feeling or being perceived by their partner as attractive or "cool." However, these individuals reported mixed outcomes when actually engaging in sexual activity. While #334 reported feeling "mostly happiness and pleasure" as a result of having sex, #69 shared that "I would end up having very dishonest, performative sex where I was pretending that I was getting more pleasure from it than I was." #75 described feeling both attractive as a result of engaging in sex and unsure of her decision to engage in sex that ended up being less satisfying than she hoped:

> There was a bit of a sense of floating above my body and observing from above…how do I just get through this. And a bit of in-the-moment reflection like, why am I here again?? And why do I have such a hard time just saying no?

One individual described a desire to recapture a sense of spontaneity and fun by engaging in sexual activity. A 24-year-old woman with chronic urinary tract infections described feeling limited by the anxiety she felt about the possible negative outcomes of sex, namely vaginal pain during sexual activity and a UTI afterwards. She reported feeling frustrated with the often-meticulous planning or extended aftercare that some participants reported needing after painful sex:

> I cannot drink alcohol beforehand and have to take supplements before and after sex as well as urinate before and after. It changed our sex life from being spontaneous to now

> planning intercourse ahead of time so I can properly prepare that day. (#197, woman, age 24, heterosexual, USA)

Because she had plan out her sexual activity, she felt pressured to engage in sex in a more spontaneous fashion in an attempt to feel carefree and young again: "[The] pressure only comes from myself. My partner does a great job respecting my boundaries but I get so frustrated being young and not being able to be spontaneous like I used to be."

Other participants expressed a need to "live up to a standard" (#218, woman, age 22, heterosexual, Denmark), particularly those pertaining to gender roles. Participants reported pressuring themselves to be "a good loving wife" (#82, woman, age 43, heterosexual, Canada), and wrote that their inability to fulfill this role "destroyed my confidence in myself" (#269, woman, age 26, heterosexual, USA). When describing what she thought would be the likely outcome if she engaged in painful sexual activity, one participant said that it "Felt like I was doing what I was supposed to and feel validated as a good partner" and that while her "Partner was persuasive," the pressure she felt was "mostly internal pressure from me about fulfilling a certain role" (#73, woman, age 27, heterosexual, USA). Another woman stated that

> My husband and I had been together for such a long time and were very emotionally close. Sex, however, has long been scary and mysterious to me, so I was afraid that my inability to enjoy sex would destroy our relationship. Thus I felt not only pressured to have sex but also to enjoy it immensely. (#180, woman, age 27, heterosexual, USA)

To this participant, simply engaging in sexual activity was not enough to fortify her marriage. She felt that she needed to not only enjoy sexual activity but be the kind of wife who immensely enjoys sex to prevent what she perceived to be the destruction of her marriage.

Wanting to Feel "Normal." While some participants wanted to be viewed as exceptional sexual partners, others just wanted to feel "normal," like everyone else. For example, some participants stated that they felt pressure to engage in painful sex "To be able to feel normal" (#199, woman, age 21, heterosexual, UK) or "because I wanted to feel normal and experience intimacy" (#97, woman, age 25, heterosexual, USA). Another woman described wanting to engage in potentially painful sex "Because I wanted to have sex and didn't want the pain to stop me doing such a normal thing" and that she felt pressured to do so "because I wanted to feel normal, as in people have sex all the time so why do I have to be in pain when I have [intercourse]" (#125, age 24, heterosexual, UK). One individual described similar pressures to adhere to social perceptions of normalcy, wishing she could engage in sexual activity in the ways that she perceives her friends do:

> I sometimes don't understand why I can't be a "normal" woman and enjoy sex the same way as my friends, or as often or as spontaneously as my friends. It takes some planning and I always have to have lube in hand for it to be a good time. (#276, woman, age 28, heterosexual, USA)

Some participants described wanting to feel normal within the context of not letting chronic medical conditions or pain define who they are or limit their activities. By pushing through painful sexual activity, they felt they could achieve, or at least perform, a sense of normalcy. For example, one woman described how she felt she needed to push through painful sexual activity when she first developed chronic urinary tract infections:

> Especially early on when the health condition was new, there was definitely pressure to seem "normal" and to withstand sex when it was clearly painful. After a handful of

> occasions however, I had to do a hard cessation of sex in my relationship. (#271, age 31, bisexual, Australia).

This individual shared that she felt a need to reclaim her sex life because of the ways that endometriosis had changed other areas of her life:

> Sometimes I put a lot of pressure on myself because I know I'll be in pain for hours or days later, but I also feel pressured into not letting endo ruin this aspect of my life, as it's ruined so many others (#196, woman, age 36, heterosexual, USA).

One woman seemed to use sexual activity as a marker of both normalcy and wellness, stating that "I felt pressure from myself. I wanted so bad for me to be healed and for our sex life to pick up again. I was tired of being sick and wanted to know I was well again" (#261, age 29, heterosexual, USA).

Other participants were less focused on what their pain meant in terms of their health and more focused on accomplishing sexual activity in a "normal" way. One described the pressure she experienced to engage in potentially painful sex as a need to "accomplish normal sex":

> Pressure from myself- I've always felt like I just wanted to be normal and have sex without worrying, and sometimes I end up forcing myself to ignore pain so that I can feel like I've accomplished "normal sex." (#174, woman, age 26, bisexual, UK)

While "normal sex" is a subjective term that depends on the circumstances of its use, it often refers to penetrative vaginal sex in mixed-gender partnerships. Even though this participant identified as bisexual and described sometimes having "sex without penetration," she still referred to "normal sex" as sex that includes penetration. This type of sex was also the only kind of sexual activity that caused her pain. She noted that "being unable to have penetrative sex has also contributed to us feeling not as close" within her relationship. Another woman shared that

she felt pressure because "I was upset that my body was hurting and wanted to pretend it was normal so I could feel normal and have sex normally (#212, age 22, heterosexual, Canada). The concept of "normal sex" as penetrative vaginal sex, namely the coital imperative, can be a powerful source of pressure to engage in painful sexual activity.

Finally, some participants described pressures to feel "normal" within the context of being able to meet their partner's sexual needs. These responses overlap with the Partner Emotions and Expectations theme in that they involve some degree of feeling pressured to meet a partner's needs. However, they reflect the way that these participants defined "normal" for themselves: being able to engage in sexual activity in order to please their partner. For example, this 26-year-old woman with vulvodynia, interstitial cystitis, and PCOS stated that this normative standard caused her to feel a specific kind of pressure to engage in potentially painful sex: "Not pressure as in no sex = a deal breaker. But pressure in that I want to be able to meet my partners sexual needs and be 'normal' like I once was" (#262, heterosexual, USA). When describing the pressure that she felt when deciding about whether to engage in sexual activity, another woman stated that "I feel the pressure to be normal again. My pain has destroyed my confidence in myself. I feel like I can't be a good wife" (#269, age 26, heterosexual, USA).

Avoiding Feeling Inadequate or Broken. Although attaining a positive self-label was reported by some as a type of pressure to engage in painful sexual activity, many more participants felt motivated to avoid negative labels. Participants reported experiencing a wide range of negative associations with their inability to engage in pain-free sexual activity. These associations were sometimes reflective of a perceived failing on their part to be the kind of sexual person they or their partner wished them to be. Responses were coded into this category if participants referenced wanting to avoid feeling or being perceived as "inadequate," "broken,"

"undesirable," "dysfunctional" or some other negative label. Additionally, responses were coded in this category if participants stated that they did not feel like a "real woman/man" because they experienced pain during sexual activity.

Some participants felt pressured to engage in painful sexual activity to avoid feeling a sense of inadequacy. For example, one woman wrote "I feel as I'm inadequate at providing maximum satisfaction to myself and spouse" (#94, age 39, heterosexual, UK), while another wrote that if she didn't engage in potentially painful sex, she would experience "Disappointment with self, and worry about being sexually inadequate" (#118, woman, age 35, heterosexual, UK). One woman with provoked vestibulodynia noted that this "inadequacy" caused by her inability to engage in pain-free sex was compounded by her partner's comparatively greater interest in sex:

> My partner has a much higher libido than mine. This always gives me a lot of stress, knowing sex will be painful. Though he stresses he would never do anything I don't want, I feel inadequate because even the thought of having to have sex stresses me out [and] sends me into a panic attack. (#189, woman, age 28, heterosexual, the Netherlands)

Some participants noted that this inadequacy was characterized by a sense that there was something flawed with their bodies or their approach to sexual activity. One woman noted that "The entire time I was feeling a lot of shame and embarrassment. It makes me feel like there's something wrong with me and I'm not sexy" (#470, woman, age 19, bisexual, USA).

Another woman described how this impression was created by her gynecologist when she was seeking medical advice for her vulvodynia:

> I felt a bit of pressure from my partner to have sex, and I felt pressure from myself to keep trying, even though I imagined it would hurt. My gynecologist at the time told me I

> should “just relax and use more lube” so then I believed there might have been something wrong with me or the way I was having sex. (#58, woman, age 38, heterosexual, USA)

Similarly, a woman with spondyloarthritis worried that her pain and subsequent inability to perform certain physical aspects of sexual activity would make her less appealing to her sexual partner: “I felt a lot of pressure to have sex because I felt like if I didn't he would think I was not as attractive because I'm not totally physically able” (#543, woman, age 21, bisexual, USA).

Several participants described this sense of inadequacy within the context of gendered sexual roles. Some participants felt that this inadequacy equated to role failures within their relationship, (e.g., “inadequate at providing maximum satisfaction to myself and spouse,” #94, woman, 39, heterosexual, UK), while others felt that their role within their relationship obliged them to engage in painful sexual activity. This woman described how:

> I felt I had no option not to. But I also thought when I got married that wives should have sex and I was already failing him by being unable to as frequently as we had been before our kids were born. (#211, age 57, heterosexual, United Kingdom)

Other participants viewed this inadequacy in the context of womanhood in general. This participant felt a sense of hopelessness when comparing her ability to engage in sexual activity to other women:

> I’ve felt like at times I cannot enjoy sex on the same level as other women because intercourse is so painful for me. It brings me down at times and sometimes I feel like it’s not worth fighting about because it will always be this way for me. (#305, woman, age 23, bisexual, USA)

In a similar vein, many participants described themselves as “broken” for being unable to engage in pain-free sexual activity. The desire to avoid labels such as “broken,” “deficient,” or

"defective" thus served as a source of pressure to prove themselves otherwise by engaging in painful sex. For instance, when describing her reasons for wanting to engage in potentially painful sex, one woman shared that "I also wanted to have sex just to prove to myself and the universe that I could and I wasn't broken after all" (#92, age 20, bisexual, USA). Another woman noted that she chose to not disclose her concerns about pain during sexual activity because "I don't like feeling like a worrier or like I'm malfunctioning" (#354, age 25, bisexual, USA). This individual reported that because her painful sex was caused by "Being menopausal and having vaginal atrophy," she felt "ashamed, like I'm defective" (#425, woman, age 54, bisexual, USA). A number of participants reported that over the long-term, painful sexual activity shaped their sense of self negatively. In response to how painful sexual activity has affected her long-term sense of self, one woman whose partner engaged in sex too roughly for her noted that "I feel defective and like it's something wrong with me" (#41 woman, age 50, heterosexual, UK), while another woman diagnosed with adenomyosis and endometriosis similarly stated that "I felt defective and worried I'd never enjoy sex" (#66, woman, age 41, heterosexual, USA). For some participants, this experience caused feelings of frustration with their bodies and their inability to perform the kind of sex they desired. For example, one woman wrote, "I feel really bad that I can't have penetrative sex. It makes me feel broken and defective. I'm also mad that I have to deny myself penetration for my own good, even though I want it very badly" (#86, age 24, heterosexual, Canada). Another stated "Many times, I remember thinking "what is WRONG with me? Why can't I fully enjoy sex?? I feel broken" (#149, woman, age 23, heterosexual, USA). For others, this sense of brokenness was a bitter reality for them to face:

> I think that the pain and my issues surrounding sex has caused my sex drive to plummet. I often have dreams of having penetrative sex with my other, and its such a slap in the

> face when I wake up to a broken body. (#348, woman, age 20, bisexual, USA)

Another participant stated,

> Like many [women] with vaginismus, I have felt broken. It makes sex more intimidating and a task I have to work up to. It's something I want to enjoy, but sometimes can't. It's forced me to address my emotional state when it comes to sexuality. It can make me feel poorly about myself. (#511, woman, age 19, bisexual, USA)

Some even remarked that this sense of brokenness reflected some deeper biological malfunctioning, such as one woman with endometriosis and vaginismus, who said,

> For a while I felt like I was defective. Other people talked about how great sex was, while I had to shove my head into a pillow to muffle my screams. Having sex seemed like such a basic human activity and I couldn't do it without extreme pain. That led to some issues with my self-worth. (#286, age 24, heterosexual, UK)

Another woman similarly noted that she experienced a sense of biological dysfunction caused by having endometriosis. When describing her thoughts and feelings during her decision-making process about having sex, she reported thinking "that this disease fucking sucks and I can't help but feel 'broken' because I can't always perform" (#196, age 36, heterosexual, USA). She also tied this belief specifically to what she perceived as a fundamental aspect of being female: "I feel broken and that my body has failed at performing one of the most important biological functions a female body is made for." Several other participants also referenced gendered sexual scripts in the context of feeling broken. For example, one participant stated that if she chose to not engage in painful sexual activity, her partner "would be unappreciated and I would feel like a broken woman," which caused her to feel pressure "from the both of us. I want to be able to provide and I wish I didn't feel broken" (#356, age 20, bisexual, USA). Several women referenced not

feeling like a “real woman” in response to experiencing pain during sexual activity. For example, one participated stated:

> My vaginismus has contributed to my very low self-esteem. I often feel broken, like I'm “not a real woman,” that I'm still a little girl, that my most attractive years have been wasted, that any man I have a relationship will have to decide if it's worth not having “full' sex to be with me. (#15, woman, age 27, heterosexual)

Another reported that

> I was worried about having to reject him because of the pain. Also I get very down when it hurts, I feel broken and not like a real woman, so it’s very hard to switch to other sexual activity, it’s definitely a mood killer. So it feels like a lot of pressure to get it right. (#31, woman, age 23, heterosexual, Norway)

Exerting Control Over One’s Body (My Body Versus Me). A more extreme iteration of feeling inadequate or broken was expressed as feeling as though one’s body had separate, distinct motivations from oneself. Participants sometimes described the pain they experienced as an externalized barrier to their participation in sexual activity and that their inability to either control this pain or their bodies’ overall functioning seemed to provide a sense that their bodies had “a mind of their own.” These individuals also described feeling as if their bodies were somehow sabotaging their ability to engage in activities that their “inner selves” truly wanted. As such, these individuals felt pressured to push their bodies into engaging in painful sexual activity to feel as though they could regain control of their bodies, function normally, or achieve a desired outcome. Responses were coded into this category if participants used language that seemed to describe their bodies as separate entities from themselves and that these entities prevented them from engaging in sexual activity.

When describing her motivations for wanting to engage in sexual activity despite her concerns of pain, one woman who experiences pain with vaginal penetration shared that

> I have my own needs, it's just that my body seems to want to work against me in other ways. I'm attracted to my partner and love him, but the pain and anticipation of the pain make it difficult to get in the mood. (#214, age 24, heterosexual, USA)

Another woman said that she always feels pressure to engage in painful sexual activity "Mostly from my own mind. I'm angry at my body for not functioning" (#189, woman, age 28, heterosexual, the Netherlands). Several participants expressed frustration with their bodies as they described their thoughts and feelings when faced with the possibility of painful sex. This woman with genital pain described her thoughts and feelings as "upset. I want to want to have sex. I wish my brain would let [me] I wish my body would let me" (#391, woman, age 31, bisexual, UK). Another woman who reported vaginal atrophy during menopause made similar statements: "I was angry at myself and my own body. I naturally enjoy penetration but my body wasn't allowing it at that time. Very frustrating" (#96, age 53, heterosexual, USA). It was interesting to note that even though menopause is a normal developmental stage for women as they grow older, this participant felt that her body was not behaving normally because it was preventing her from enjoying vaginal penetration, which she "naturally" enjoys. Another woman noted that "I felt frustrated because having successful less painful sex is something I really want, and I was annoyed that my brain was telling me to go ahead but my body was saying 'hell no'" (#468, woman, age 25, bisexual, USA). One individual felt torn between what she thought would happen if she did have sex, namely "That I wouldn't have an orgasm, because of the pain or the bloat and that sex will be dull," and what she thought would happen if she did not have sex:

"That I would have felt bad after, because I had this chance but my body ruined it for me" (#52, woman, age 33, heterosexual, Bulgaria).

Some participants felt that by engaging in painful sex, they could push past the frustration caused by their bodily limitations. For example, this woman with vulvodynia reported a range of pressures to engage in painful sexual activity on a casual date with someone from a dating app:

> I felt pressure from being on the date, from wanting and hinting at it, from their explicit indications (telling me they wanted me, etc.) I was upset that my body was hurting and wanted to pretend it was normal so I could feel normal and have sex normally. (#212, woman, age 22, heterosexual, Canada)

A different woman reported that not only did she feel pressure to engage in painful sexual activity, but that she also felt she shouldn't communicate her concerns about pain to her partner, perhaps in an effort to convince herself that she could still engage in the kind of sex she wanted to have:

> No, I never told him. I was angry at my body for doing this to me, especially now. I also kept hoping the pain would stop happening by itself… Penetration is usually my favorite part of sex, so this feels like such a betrayal of my body (# 425, age 54, bisexual, USA).

Many participants noted that experiencing painful sexual activity changed their relationship with their bodies. A woman with vaginismus and pelvic floor dysfunction described the long-term impacts of painful sexual activity on her sense of self by making her feel

> less sexy, like I have the potential to be a confident sexual person but my body is sabotaging me, holding me back from the experiences I want. I am not reaching my sexual potential. Often feel like the pain is my fault, that I should be trying harder in terms of treatment. (#38, woman, age 22, heterosexual, UK)

Another woman stated that she experienced "reduce[d] confidence overall. Feel like a failure at times. Frustration with my body, feeling like it doesn't reflect what my mind wants Reduced confidence in my relationship" (#298, age 27, heterosexual, Canada). Similarly, this woman noted that "I sometimes feel like my body betrays me by denying me pleasure. Like it wasn't made to do this natural thing that I enjoy a lot" (#385, woman, age 20, bisexual, the Netherlands). What seems to underscore many of these responses is the belief that bodies "naturally" do certain behaviors, such as experience sexual pleasure or receive vaginal penetration without pain, and that any aberration from those standards is viewed as the body intentionally not performing its basic functions.

Several participants referenced gendered sexual scripts when describing this feeling of one's body being separate from oneself. These participants described their bodies as not only working against them, but also not fulfilling the roles that a woman's body should fulfill. For example, one woman described her vaginal pain as something she didn't think women in general experienced: "I felt ashamed that I could not please my partner, and that my body experienced this pain that I had not heard of other women having. I thought that something was wrong with me" (#17, age 25, heterosexual, USA). By being unable to engage in the kinds of sexual activity that they either wanted or felt they should, these participants like less than "real women," such as this woman, who stated,

> Sometimes it makes me feel like there's something wrong with me and it hurts me because this might be related to childhood trauma. When the pain is severe it scares me and makes me feel less than a woman because I feel like my body isn't supposed to be this way. (#121, woman, age 25, heterosexual)

For a woman with vaginismus, the pain she experienced not only made her feel less connected to her identity as a woman, it also made her feel physically disconnected from her genitals:

> It fluctuates a bit, but for a long time I felt like less of a woman, I lost my sex drive completely and generally felt like shit. At its worst I didn't feel connected to my vagina, in a sense, as it was so sore and dry all the time, so even if I wanted to have sex or masturbate it felt like my vulva wasn't responding like it should. (#31, age 23, heterosexual, Norway).

One participant's relationship to gendered sexual scripts was complicated by his transgender identity. A transgender man, assigned female at birth, described how even though his gender identity was as a man, he was still aware of the gendered pressures that apply to women's bodies in sexual situations. He struggled with the frustration of having a body that still seems to fit within the concept of female and yet this body was unable to fulfill its "intended purpose" to receive penetration from a penis during sexual intercourse. He stated that when deciding whether to engage in potentially painful sex, he experienced

> Internal pressure too: I know it hurts for me to do this, and that feels like I'm underperforming, like my body is not good enough for the "ultimate" act in our situation. Like, if I got stuck with a female body, the damn thing should be capable of doing this one thing, it's all it was designed for, so it needs to get over itself and comply with my wishes, or I need to get over the pain and make it do what it's supposed to. (#115, transgender man, age 20, bisexual, Canada)

The mismatch between mind and body, or "true self" and body, that these individuals described seem to be related to a disconnect between one's sexual desires on a cognitive level and what one's bodies is actually capable of doing. Because these individuals wanted to

experience sexual activity in ways that they felt were "natural," "normal," or what they had enjoyed previously, they felt their bodies had their own agenda when they were not able to carry out sexual activity in the ways their "minds" were telling them to do so.

Wanting Sex for Its Own Sake. For some participants, wanting to engage in sexual activity was not always about meeting certain standards or making sure their partner was satisfied, but rather because they actually enjoyed the experience of sex. Responses were coded in this theme if participants reported wanting to experience some immediate and direct benefit of sexual activity, whether that be sexual pleasure or emotional intimacy with their partner. This last criterion differs from the "Partner Emotions and Expectations" theme in that responses in this category refer to *participants' own* desire to enjoy a direct aspect of sexual activity rather than pressuring themselves to engage in sexual activity to ensure their partner's enjoyment of sexual activity, which we conceptualize as a secondary benefit.

Many responses to the question of "Were there any reasons you *did* want to have sex?," showed that despite experiences of pain during sexual activity, some individuals still found satisfaction, pleasure, and intimacy as well. Some responses to this question were almost matter-of-fact in their statements: "Sex is great. I love sex" (#84); "I am attracted my partner and enjoy sex" (#118); "I genuinely enjoy sex with my husband" (#195); and "Phenomenal orgasms" (#224). One participant pithily stated that they felt pressure "from my hormones, they wanted to fuck" (#84, agender [AFAB], age 25, gay, Canada). Others offered more explanation as to why they wanted to engage in sex despite the possibility of pain. One woman stated "I love him. I lust on him. I love his body, his lips, his attentions. I get excited at his desire" (#138, age 31, heterosexual, Italy). Similarly, another individual stated that she wanted sex, despite the possibility of pain, because "I like him, I want him, I was horny, I wanted to have sex, I wanted

to feel good if I could, I wanted to be intimate, I wanted to be touched, etc" (#334, woman, age 22, bisexual, Sweden). Another shared "I believe I have a high libido. Sex is always been enjoyable. Orgasms can come easy with the right lover. I tend not to sleep with bad lovers. Therefore, I do want to have sex" (#45, woman, age 47, heterosexual, USA). For one woman, her desire to have sex was high enough that even an unattractive partner was no concern for her: "At times I was aroused and interested and while I may not have been attracted to him, I still had a bit of a libido. Oral sex was more pleasurable and mutual" (#66, woman, age 41, heterosexual, USA).

For some participants, experiencing pain during sexual activity was not always a guarantee. Pain may have been an occasional occurrence related to certain phases of a medical condition, a temporary injury, state of mind, or even specific sexual position. Some individuals may not have known in advance whether the sexual activity they hoped to have would cause them pain or not, so they felt interested enough in the possibility of enjoyable sex to risk the possibility of pain. For example, this woman stated that "I do want to have sex if it's not painful. I'm extremely sexually attracted to my partner and I have a high sex drive" (#197, age 24, heterosexual, USA). Similarly, another woman with polycystic ovarian syndrome (PCOS) shared that when she was deciding about whether to engage in sexual activity, she considered how

> My boyfriend has a high sex drive and I do too. I know that we'd both want to engage in sex and I know he's interested in pleasing me too. Normally I'll be open to having sex but just nervous about possibly experiencing pain. (#295, woman, age 26, heterosexual, Canada)

She noted that because of her PCOS, her experiences of pain during sex were random and seemingly unrelated to what her partner was doing during sexual activity, which could take away from her ability to fully enjoy sexual activity:

> Sometimes I just wonder why I feel random pain when I didn't experience it that often before but I remember PCOS can cause many issues with hormones etc; I just want to have a normal/healthy sex life and feel good without anxiety when engaging in sex. I feel like I can't fully relax myself sometimes from thoughts or anticipation of pain.

For several individuals, engaging in sexual activity was important enough that they were willing to experience some degree of pain in order to achieve it. One woman stated plainly that she loves having sex with her partner and that "the thought of immediate and future pain and discomfort had better be pretty severe for me to decline sex, that's how important it is for me" (#111, age 50, heterosexual, Canada). This individual seemed particularly driven by her interest in sexual activity despite it being painful, as she reportedly experiences pain with sexual activity 95% of the time. Another woman said that she wanted to engage in sexual activity, despite the possibility of pain, because of her intense attraction to her partner: "It had been a while and frankly it was something I enjoyed. I was head over heels for this guy and it was something I liked doing with him" (#159, age 20, heterosexual, USA). However, this individual was also willing to make a significant tradeoff to experience sexual satisfaction, as she included that while she was able to enjoy sex during the early days of her endometriosis, when she did experience pain with sex, it "causes [severe] cramping to the point where I have trouble walking." One transgender man stated that despite having vaginismus and experiencing gender dysphoria about his body, he still felt intense attraction towards his partner and a desire to engage in sex:

> *Other than anticipating pain, were there any other reasons that you did not want to have sex?* i struggle with general insecurity about my genital area (how it looks, smells, etc), as well as dysphoria - but having a partner who is also trans makes me feel significantly less dysphoric in intimate situations *Were there any reasons you did want to have sex?* dear god my boyfriend is the hottest man on earth. i love him and i love being with him and if i didn't experience pain and trauma i'm fairly certain we would never stop screwing. (#164, age 21, bisexual, partner: transgender man, USA)

Certain individuals were motivated to achieve very specific sexual experiences, so the tradeoff of experiencing pain in order to attain them was deemed worthwhile. For example, one woman wanted to experience sexual pleasure with another person rather than alone: "I wanted to cum from someone else's manipulation, not just [masturbation]" (woman, age 19, bisexual, USA). Another woman shared that she wanted to explore sex with one man in particular:

> Yes. I wanted to have a relationship with this man, even if it was just sexual. I wanted to experience and experiment with sex. This all from a very positive space. Sadly, I felt that I had to endure the pain in order to overcome it and go back to enjoying it. (#311, age 31, heterosexual, Argentina)

This pressure to achieve certain sexual experiences could sometimes lead to participants to choose painful sexual activities that they preferred over less-painful activities that might not have given them the same sense of satisfaction, as was the case for this 36-year-old woman:

> Honestly, even though it was painful I still deeply desired to be sexually intimate with my husband. Penetration was what was painful for me, but I still craved that deep connection I felt when my husband was inside me. So we still engaged in penetration despite the

> pain. Of course we utilized other non painful sexual activities as well, but I still craved penetration. (#67, heterosexual, USA)

While this preference, or even "craving" as this participant described it, for penile vaginal intercourse may be reflective of this woman's sexual preferences, it is also an example of the coital imperative. This sexual activity seems to hold so much power for some individuals that they still feel a strong desire to engage in it even when the physically pleasurable aspects of this act are overshadowed by pain.

Other participants were not focused on any particular sexual activity, but instead wanted to engage in sex to enjoy the physical or emotional intimacy it provided. One 57-year-old woman described her pressure to engage in sexual activity as "Just the pressure of needing sexual release and emotional closeness" (#313, heterosexual, USA). Another woman shared "My partner is very loving and always wants to please me. I love having sex with him very much as a way to feel close and make each other feel good" (#63, woman, age 36, heterosexual, Canada). For another woman, sex and intimacy were synonymous with one another: "I was turned on and attracted to him a lot. Sex meant affection and intimacy" (#157, woman, age 47, pansexual, UK). Although pain was a concern, she stated that "I thought it would sting a little bit, but being really aroused would provide enough lube for it to be good as well." Another individual seemed to think that while sex and intimacy were not necessarily synonymous for her, one was critical for the other to happen: "I love sex with my partner, it feels great, it's important for intimacy, he reads my body really well and is so understanding that I'm never worried" (#560, woman, age 31, bisexual, UK). A 28-year-old man described how pain is an acceptable tradeoff for him in order to feel close to his partner: "…I love having sex with my wife and feel a lot closer to her

after we've just had sex. Sex just makes us happy and a little bit of (or more) pain for some time is worth it" (#105, heterosexual, partner: woman, India).

What is notable and perhaps not immediately obvious is while many of these responses fit with more typical reasons why individuals want to engage in sexual activity, they are significant coming from individuals who experience painful sexual activity, particularly with any degree of regularity. Participant responses in this category revealed that for those who experience pain during sexual activity, sex is not always reduced to a binary experience of either pleasurable or painful. Despite having pain as some feature of their sexual activity, whether consistently or intermittently, these individuals were also able to attain sexual satisfaction and intimacy during sex.

Maintaining Prior Levels of Sexual Satisfaction. In a similar vein, some participants reported feeling pressured to engage in potentially painful sex in an attempt to return to prior levels of sexual satisfaction. Whether pain was a random or a regular part of their sexual activity, these individuals felt the need to have sex in order to regain a version of their sexual identity that had been overshadowed by pain and frustration. Responses were coded in this category if participants mentioned having a sex life or a sexual identity that used to be more active or fulfilling and expressing a desire to return to that experience. These experiences could either be in their current relationship or in prior relationships with other individuals.

While some participants in this study reported that sex has always been painful for them, other participants reported having periods of time in in their lives in which they were able to have satisfying, pain-free sex. They may have developed conditions later in life that caused pain during sexual activity or relapsed after successfully managing the condition that caused their pain. For these individuals, pain during sexual activity was particularly frustrating because they

had numerous positive sexual experiences without pain and may have even come to identify as someone who deeply enjoys engaging in their sexuality. As such, they felt pressured to engage in sexual activity so that they might relive this part of themselves, despite the pain it might cause. For example, when describing how her relationship used to be, one 21-year-old woman stated that "I sometimes will pressure myself because I want to have sex and want our old sex life back" (#273, bisexual, USA). Another participant described wanting to make a comeback from a gradual reduction in sexual satisfaction as sex became more painful over time:

> PIV gradually went from totally great to uncomfortable to more uncomfortable to really painful over the course of about a year, so any concern would be about how it would feel and frustration that this is happening *Were there any reasons you did want to have sex?* wanting to make sure our increased sex life continues, wanting to have sex in general. (#425, woman, age 54, bisexual, USA)

When describing the reasons why she wanted to engage in sexual activity, this woman shared that she wanted to try to re-experience the younger version of herself before she experienced pain with sex:

> When we do have sex and it's not painful for me, I really enjoy it. So sometimes I want to try to see if we can make it happen. Also, when I was younger and prior to my experience with pain during intercourse, I used to be an extremely sexual person, so part of me wants to go back to being that way and wishes I could be. (#270, woman, age 27, bisexual, Canada)

She reported pressuring herself to go ahead with sex because "I want to be the way I used to be - very into sex and really enjoy sex. So there is pressure to get back to that." Other participants reported similar hit-or-miss relationships with their sex life, never fully knowing if the sexual

activity they were considering would be painful or not. For these participants, the desire to achieve prior levels of sexual satisfaction therefore outweighed their concerns about experiencing pain. One woman shared that "Some days have been pain free while others have not, so I still consider myself not fully cured. We had no intimacy for 3 months, but like I mentioned we tried to do other things, but it got emotionally hard to do so. Now we're trying to get back what we lost" (#31, woman, age 23, heterosexual, Norway). For her, having sex was not just about experiencing sexual satisfaction, it was about regaining what was "lost" by the experience of painful sex. One woman seemed to report that their pain was more episodic than random, but that even during the periods in pain seemed more likely, the memories of good sex still motivated her to try again: "I remember times when it felt good and I want to want sex. Or I want to try new things to see if it makes a difference (different positions etc.)" (#287, woman, age 29, heterosexual USA).

For certain participants, memories of the version of themselves prior to their pain served as a potent, almost nostalgic comparison that caused them to feel pressured to engage in sexual activity. One woman described how

> I also feel like I have lost a huge part of my identity. When I was a teenager I masturbated up to four times a day and to suddenly go from being a horny teenager to an adult in an asexual phase, it feels like I have been robbed of pleasure. I think it is unfair and I wish I was still as interested in sex as I was before. (#219, age 22, heterosexual, UK)

Another woman stated that she felt pressure to engage in sex because "I love sex and I was sad I couldn't do it and couldn't feel aroused anymore. Sex = pain for me for a long time an do [*sic*] didn't know why this happened to me" (#296, age 29, lesbian, partner: woman, USA). Although

she no longer felt capable of experiencing the physically pleasurable aspects of sex, she still felt that she loved sex and felt a need to recapture the part of herself that used to enjoy it. Another participant wished she could engage in sexual activity like she used to before she developed pain with vaginal penetration. She remembered what sex used to be like without the extra precautions and considerations that often come along with navigating sexual pain and felt pressured to have carefree sex like she used to:

> *Did you feel any kind of pressure to have sex?* Some, not really from him but from myself. I want to be close to him in that way, and knowing I used to be able to enjoy sex without all the prep beforehand creates frustration with my body because there are times I really want to be able to just fully enjoy sex without having to worry about when the pain will fade into enjoyment. I know more frequent encounters will make it easier in the long run, so I just try to focus on the enjoyment that comes after the hard part. (#107, woman, age 24, heterosexual, USA)

Finally, some individuals paired this pressure to return to prior levels of sexual satisfaction with the need to meet their partner's current desires for sex. One woman said that wanted to engage in sex despite the possibility of pain because "I want to be close with my partner and fulfill natural needs he has that under normal circumstances shouldn't be a problem. I know what 'normal' sex feels like and always have a fleeting hope I could have a normal and non painful experience again" (#262, age 26, heterosexual, USA). Participant 275 simply stated that she wanted to have sex "Because I remember what it felt like when it felt good, and I want to please my partner" (woman, age 25, heterosexual USA).

Managing Partner Emotions and Expectations. Individuals also reported pressuring themselves to engage in potentially painful sexual activity in order to manage their partner's

emotional responses or expectations. Responses were coded in this theme if participants mentioned wanting their partners to either experience or avoid a particular emotion in response to their decision about sexual activity. For example, if participants stated that they wanted to please their partner, wanted their partner to feel desired or attractive, or wanted to prevent their partner from feeling disappointment or frustration, their response was coded in this theme.

When describing their sexual decision-making processes, individuals reported having to decide between the pain of disappointing their partner and the pain that would come with sexual activity. For some, this was tied to a sense that they were responsible for ensuring a positive experience for their partners, whether in a general sense or specifically in relation to sexual satisfaction. For example, some individuals felt pressured to prevent their partners from feeling rejected or unattractive. One woman thought that if she didn't have sex with her partner, "It won't be painful but I will feel bad for not satisfying my partner's desire and worry about him feeling rejected or hurt" (#47, age 35, heterosexual, Australia). When describing why she wanted to have sex despite it possibly being painful, another woman said "I love my partner and I hate that my reluctance to have sex can also make him feel unwanted" (#100, age 22, heterosexual, USA). One woman who experienced pain during penetrative sex worried that turning down painful sexual activity would have a negative impact on her relationship because "we'd been having discussions about my life libido and our love language compatibility so I was worried that if I just gave up without trying I would be causing more confidence issues" (#107, woman, age 24, heterosexual, USA). Similarly, another participant stated that "I always put pressure on myself because I want my boyfriend to enjoy himself and I feel responsible for turning him on" (#86, woman, age 24, heterosexual, Canada). This participant reported similar concerns regarding her partner's satisfaction and how that might influence their relationship:

> I worried about him feeling like I wasn't interested or him feeling dissatisfied or unfulfilled with our sex life. I pressure myself to engage in things so that my partner doesn't feel disappointed, even though he's never acted disappointed or upset if I said no. (#132)

In a similar fashion to how participants wanted to be labeled as "normal" by themselves or by their partner, some participants referred to wanting to provide their partners with a sense of "normalcy" within their relationship. For example, one participant stated that she experienced pressure "mainly from myself to make sure my partner is still happy and feels he is in a normal relationship. Hardly any pressure from my partner himself" (#245, woman, age 21, heterosexual, USA). Another participant referred to several types of normalcy she wanted to experience in exchange for engaging in painful sexual activity:

> I want to be close with my partner and fulfill natural needs he has that under normal circumstances shouldn't be a problem. I know what "normal" sex feels like and always have a fleeting hope I could have a normal and non painful experience again *Did you feel any kind of pressure to have sex?* Not pressure as in no sex = a deal breaker. But pressure in that I want to be able to meet my partners sexual needs and be "normal" like I once was. (#262, woman, age 26, heterosexual, USA)

She described her partner's sexual needs as "natural" and one's ability to provide sexual satisfaction as something that "shouldn't be a problem," almost without question. She defined her sense of normalcy by her ability to meet her partner's sexual needs, something that appears to be inhibited by her experience of pain. Indeed, it seems that many participants felt that engaging in sexual activity, particularly penetrative sexual activity, defined normalcy in their relationships. Ensuring that this normative standard took place was an important part of taking

care of a partner's needs and served as an important motivator for some individuals. One woman described how pain during sexual activity has influenced how she engages in sex:

> Pain has affected what sexual activities I engage in, as I would love to participate in "normal" penetrative sex but that is essentially impossible due to intense pain. I feel like this has had a large affect [*sic*] on my sex drive, and as such I try to engage in non-penetrative sexual activities multiple times a week just to make sure my partner is satisfied. (#348, age 20, bisexual, USA)

Others noted that they wanted to engage in penetrative sex despite the pain as it was the primary way they knew how to make their partner feel loved: "I do not want my husband to think I don't want him. I love him very very much and it devastates me that we can have PIV sex. I find him very attractive and want to feel close to him" (#16, woman, age 49, heterosexual, UK). Because of this value placed upon penetrative vaginal sex, this participant described feeling both a sense of guilt and a need satisfy her partner in supplementary ways: "Sometimes i'm tired or just plain not in the mood, as I feel like I have the sex drive of a rock. At the same time I want to satisfy my partner, I feel guilty I can't have PIV sex, and so I try to satisfy him in other ways" (#348, woman, age 20, bisexual, USA). One participant noted that she wished to spare her partner what she anticipated to be a cascade of negative emotional responses in the absence of sexual activity: "I think my husband would have felt disappointed I didn't try, frustrated because birth and pain were severely impacting our sex life and sad that I am experiencing pain" (#57, woman, age 32, heterosexual, Canada).

When faced decision making regarding painful sexual activity, the pressure to prevent one's partner from some kind of negative emotional experience often superseded participants'

concern about their own physical wellbeing. This participant described how her strategy changed based on her relationship type:

> While pain has improved, I'm still not as assertive as I feel I should be when it comes to describing pain with sex. I think this is because of a desire to please my partner (especially if it is a long term partner) or in the case of short term partners, a sense that resolving the pain is unlikely to be worth the hassle (if they challenge me on it, or want me to substitute intercourse with something else e.g., a blowjob if I would prefer to just push on through the intercourse). (#75, woman, age 28, heterosexual, Australia)

For this participant, the ability to please her long-term partners was more important than avoiding painful sexual activity; even the "hassle" associated with partners pushing for certain kinds of sexual activity was deemed a worse outcome than painful sexual activity. While some might have felt like the physical pain was a small price to pay to avoid annoyance or a hassle, others felt that this tradeoff cost them deeply. Participant 58 described how she felt that this need to accommodate for her partner's sexual desire forced her into having sex that was both physically and emotionally painful:

> We ended up having sex, and it hurt, and I was too quiet to speak up for myself effectively. I felt hurt, physically and emotionally. I felt like I had to do something I didn't want to do, because my boyfriend wanted sex, and my body was not cooperating or working properly. I felt it was my fault it hurt. (woman, age 38, heterosexual, USA)

Another participant described how she pressured herself to focus solely on her partner's pleasure and simply ignore her own pain in order to make sure her partner had the kind of experience they wanted:

> *What did you think would happen if you did have sex?* I knew it would be painful and that I would fake my way through it. I learned to ignore my pain and focus on their pleasure. *What did you think would happen if you did not have sex?* I don't know. I feared they would leave? They would not want me unless I pleased them. *At the time, how did you think this decision would have affected your relationship, if at all?* I feared it would have a negative impact. I tried to hide it and push through it. The partners I had did not seem to notice or care. *Did you feel any kind of pressure to have sex?* In hindsight, I would say that most of the pressure was self-inflicted. I did not discuss it with partners or my husband. *Did you let your partner know that you were worried about experiencing pain? If so, how?* No/I don't know. I was embarrassed. Part of me thought, "how could they NOT know?!" It reinforced the notion that what I felt and experienced did not matter to them as long as they got what they wanted. I felt used. (#131, woman, age 51, heterosexual, USA)

Not only did participants report feeling pressure to engage in painful sexual activity, but they also sometimes felt that they needed to provide a pain-free veneer for their partner. By preventing them from seeing their expressions of pain, participants thought they were able to spare their partners from guilt, disappointment, or distress. For example, one woman reported that she was "Feeling like I need to suck it up and not show the pain after sex so that my partner wouldn't feel bad" (#287, woman, age 29, heterosexual, USA). Another participant felt pressured to keep engaging in painful sex despite multiple attempts from her partner to assess how she felt: "The penetration was painful, but I insisted we continue despite my partner checking in. I ended up having to stop halfway through and broke down. I think he was surprised since I was hiding how much pain I felt" (#511, woman, age 19, bisexual, USA). This pressure to keep partners in

the dark about the pain they were experiencing persisted even through severe pain, as described by participant 89: “Having sex feels like my insides being stabbed repeatedly. It is extremely sharp and intense with bleeding involved as well. It often makes me cry which I hide from my partners” (#89, woman, age 29, heterosexual, Australia). Others went beyond simply masking their pain and went so far as to feign enjoyment during painful sexual activity. One stated that she pressured herself to engage in painful sexual activity in order to “please my partner just by having sex in addition to performing (he doesn’t like ‘routine’ sex), finding a way to achieve or successfully faking an orgasm so he doesn’t feel bad” (#393, age 26, heterosexual, USA). Another participant stated that

> I would end up having very dishonest, performative sex where I was pretending that I was getting more pleasure from it than I was. Because I didn't feel entitled to take my time, or figure out what I liked…To the degree that I was honest with my partner he was caring and receptive. There was plenty of information I kept to myself by hiding my grimaces and faking moans and orgasms. (#69, woman, age 29, bisexual, Canada)

One participant noted that this pressure to engage in performative sex despite experiencing pain was done in part to make her partner feel sexually competent but also to reject societal ideas about women’s complex, confusing sexuality:

> I was young and had insecurities that were more generally created by society, than explicitly informed by my partner. For example: I was faking orgasms all the time back then. This was a combo of a coping mechanism from a previous abusive relationship, cultural ideas about how IMPOSSIBLE it is to make women orgasm, and wanting my partner to feel like he was doing a good job. (#69, woman, age 29, bisexual, Canada)

Finally, one participant reported that she wanted to prevent her partner from experiencing anger at her refusal of sex. When describing what she thought might happen if they didn't engage in sexual activity, she said "I thought that my partner would get angry and say that I didn't care about his needs. I'd already refused sex the last several times so I was worried that refusing once more would be one time too many" (#286, woman, age 24, heterosexual, UK). Although this response is similar to those that will be discussed in several of the "Partner Pressure" categories, this response was coded within the Self-Pressure category because the participant stated that it was *her belief* that he would react poorly that was the source of the pressure, rather than *her experience* that partner actually got angry and accused her of being uncaring. It is possible that her partner had reacted this way in the past and this pattern seemed likely to occur again, but she did not mention the reason for her expectation.

Maintaining the Relationship. Participants also reported feeling pressure to engage in potentially painful sex in order to maintain their relationship with their partner. Maintaining the relationship in this context refers to a range of outcomes; for some, it meant maintaining the quality of the relationship, for others it meant keeping their partner from cheating on them, and for others it meant preventing the relationship from ending. Responses were coded in this category if participants made first-person statements about being concerned about a reduction in relationship quality, the relationship ending or their partner leaving them, or wanting to prevent their partner from engaging in infidelity.

Several participants alluded to unspoken standards that dictate that sex is an expected part of relationships. Participant responses within this category highlight the primacy of sexual activity in relationships. These responses represent a commonly held belief, namely that for a romantic relationship to be worthwhile or meaningfully different from a friendship, there must be

some component of sexual activity. For example, some noted that “I feel it [sex] is part of being in a relationship” (#47, woman, age 35, heterosexual, Australia) and that “Sex is expected in a relationship” (#275, woman, age 25, heterosexual, USA). Another woman referenced how such expectations influenced how she views herself; when asked if she felt pressured to engage in sexual activity, she stated “Always. Sex is expected in a relationship. When you can’t have sex, you feel like a failure” (#275, age 25, heterosexual, USA). These expectations crossed gender and sexual orientation lines, as evinced by both a queer-identified participant who said she wanted to engage in potentially painful sex because “I feel like sex is important in a relationship” (#190, woman, age 26, queer, USA) and by a transgender man in relationship with a cisgender man, who stated that “I have problems about forgetting that sex isn't [mandatory] in a relationship and that I shouldn't pressure myself into doing stuff I don't want to” (#139, transgender man, age 19, pansexual, Germany). One participant aligned this standard with a number of ubiquitous expectations about sex and relationships in general: “sex is supposed to a part of marriage. healthy people want sex. partners want to have sex with their partner. it is expected. sex is a basic human function” (#320, woman, age 38, heterosexual, USA). These standards served as sources of pressure to continue engaging in what was believed to be normative behavior. By adhering to these relationship norms, participants hoped to keep their relationships intact, despite the physical toll it would take on them to do so.

For others, their concerns lay in a reduction of the quality of the relationship. One man expressed concern that if no sexual activity happened “we would grow apart” (#81, man, age 56, heterosexual, partner: woman, USA). A woman noted multiple concerns about what might happen if she didn’t engage in sexual activity by stating she “Was worried me and my partner would drift further apart, that it would kill the mood, perhaps he’d be sad and disappointed”

(#31, woman, age 23, heterosexual, Norway). Another participant stated that "Lack of sex was making us feel less of a connection in our marriage, so I felt some pressure for us to have that physical intimacy" (#288, woman, age 31, heterosexual, USA). One participant noted that this relationship stress would impact more than just her partner: "If the pain kept being an issue the relationship would be strained due to lack of sexual satisfaction for both partners" (#181, woman, age 31, heterosexual, USA). Another noted that "My husband is very understanding. However, I did not want to keep rejecting my husband's advances because it's not good for our relationship" (#277, woman, age 31, heterosexual, USA). Another woman who described concerns about the quality of her relationship seemed to blame herself for the relationship discord caused by her difficulty with painful sexual activity:

> *What did you think would happen if you did not have sex?* It would negatively effect our relationship because I wasn't even trying to solve the issue. *At the time, how did you think this decision would have affected your relationship, if at all?* I did. It was an issue that previously we thought was just my low sex drive, thus not having sex would be pushing that idea. (#100, age 22, heterosexual, USA)

Another participant expressed similar pressures to demonstrate that she was working on resolving the pain she experienced during sexual activity. She felt that she needed to reassure her husband and herself that they could someday return to pain-free sexual activity, lest they be "doomed" to a sexless marriage:

> I like the connection and validation. But also on some level I feel like I need to prove to both of us that I'm making an effort and that it's possible for my pelvic floor to get better. I don't want him to worry that I'll never be able to have penetrative sex. He doesn't act

> this way at all but I make myself worry that I'm dooming him to a sexless marriage if I don't get better. (#354, woman, age 25, bisexual, USA).

Some participants reported that they feared a lack of sexual activity would lead to more than just relationship dissatisfaction. Participants reported concerns that if they did not provide sexual satisfaction for their partners, they would seek it outside the relationship. One wrote,

> I felt I should, because it was part of the relationship. If I had a choice without negative consequences, I would not have engaged in sex for years. *At the time, how did you think this decision would have affected your relationship, if at all?* I was concerned he might cheat on me if I didn't have sex. (#108, woman, age 48, heterosexual, USA).

When asked the same question, another participant reflected on a prior period in her relationship in which she felt this pressure: "I do feel like the lack of sex does [affect the relationship] but my partner is fantastic in trying to reassure me that it doesn't. I feared for a long time that he would leave me or cheat on me" (#292, woman, age 23, bisexual, Canada). Another participant shared that because of her inability to engage in painless sex, she feels "like a bad partner. I don't feel as connected to my partner. I worry he will seek sex elsewhere," noting that she thinks that penetrative sex "is part of being in a relationship" (#47, woman, age 35, heterosexual, Australia).

Several participants reported that they were concerned that a lack of sexual satisfaction in their relationship would ultimately cause its dissolution. One participant worried that if she didn't engage in sexual activity,

> our relationship would crumble…the decision to not have sex? i made it often, but not always. you kinda have to, you know? he's horny, heck i'm horny, sex is just shit and sometimes uncomfortable but you can't keep saying no, i'd have driven both of us crazy

> *Did you feel any kind of pressure to have sex?* from myself, yes. I'd set, if I recall, [a] quota. ‘this wednesday i'll have sex with him’. it felt like i had to. (#53, woman, age 34, heterosexual, the Netherlands)

For casual relationships, sexual activity was sometimes the only thing that connected partners, therefore participants in this kind of relationship worried that if they didn’t engage in potentially painful sex, their partner would no longer be interested in continuing the relationship. For example, one woman stated that “I thought it would change our relationship a little because we are friends with benefits basically and if we can’t have sex I think it would alter our friendship” (#470, age 19, bisexual, USA). Another woman worried during her Tindr date that “if I showed him at all for any reason that I wasn't completely able to do everything he wanted sexually that he wouldn't want to see me again (#543, age 21, bisexual, USA).

Even in established relationships, many participants were concerned that their partner would end the relationship due to sexual dissatisfaction. This woman described her relationship status as tenuous:

> I wanted to have sex because, at the time, my relationship was rocky. My sex drive has been high but I panic before it happens due to the anticipation of pain, which may be psychological. *What did you think would happen if you did not have sex?* My boyfriend would become unhappy and leave me. *At the time, how did you think this decision would have affected your relationship, if at all?* My boyfriend has been caring and kind, but I am unsure how long that will last. (#176, age 19, heterosexual, USA)

Another woman stated that her partner “claims it wouldn't [influence the relationship] but I was never sure. When asked if she felt any kind of pressure to have sex, she wrote, *“*Yes, I felt like if we didn't have sex he would eventually get tired of the relationship” (#207, age 28, heterosexual,

USA). Another woman shared concerns that her partner was secretly hoping to find a partner with whom he could engage in “real sex”: “I can definitely tell it effects my boyfriend’s self confidence in himself and it also leave some both of us unsatisfied. I believe he is maybe waiting to move on to someone who can have PIV sex” (#229, age 21, bisexual, USA). Another shared a similar sense of impending relationship dissolution: “There is always this lingering feeling he might leave me over this. A feeling of worthlessness. And on his side a feeling of dissatisfaction sexually” (#189, woman, age 28, heterosexual, the Netherlands).

Even when given direct partner reassurance of the contrary, some participants still felt lingering concerns about their relationship, as similarly expressed by another participant: “Actually I always felt guilty for rejecting any sexual advances and I thought that he would grow tired and impatient of me and leave me. However he was very understanding and didn't mind having less sex/not having sex” (#219, woman, age 22, heterosexual, UK). Another participant thought that “he’d be upset or get bored with me. I’d sometimes think he’d break up with me because I’m too much to deal with. He’s reassured me but it still makes me worried” (#262, woman, age 26, heterosexual, USA). One participant reported that despite having recently had children with her partner, she perceived that her partner’s resolve was wearing thin:

> My issues of pain with penetration came back while I breastfed both my kids. After having gone years with pain [free] sex, it was much harder to have the desire to have sex knowing it would be painful while also having a low drive due to being a new mom and the hormones just killed my sex drive. We had never had such a serious talk about sex before and had never gone so long with it being infrequent. Deep down I knew my husband still loved me, but I could also tell from our conversation that he couldn’t go on

> much longer at the rate of frequency that we were at. (#67, woman, age 36, heterosexual, USA).

Another woman said that she feared her relationship would come to an end because while her partner took genuine enjoyment from her sexual desire, she felt incapable of faking such enjoyment:

> *At the time, how did you think this decision would have affected your relationship, if at all?* My partner would be sad, unsatisfied. I always worry that my partner will leave me because of my lack of sexual desire. He is very understanding and patient. He finds pleasure in my pleasure, however it is challenging as sex is often not pleasurable for me due to the pain and I don't want to "fake" enjoyment. (#298, woman, age 27, heterosexual, Canada).

For some, the fear of losing their relationship was not unfounded. Participant 323 anticipated that if she didn't engage in sexual activity,

> My partner would love me less due to less intimacy. *At the time, how did you think this decision would have affected your relationship, if at all?* Negatively, and I thought it would reduce our romantic connection *Did you feel any kind of pressure to have sex?* From myself, I love my partner and he was a great guy, but I knew no sex would end it *Have your experiences of pain during sexual activity had any long-term impact on your relationship?* It caused it to end. A lack of intimacy at 21 is not the best. (woman, age 21, bisexual, New Zealand)

Lack of Partner Pressure Specified. A final theme within the Self-Pressure category is notably defined by what it does not contain: partner pressure. This theme was created to capture the pattern of responses from participants that explicitly stated that they felt pressure to engage in

painful sexual activity even when their partner made an effort to prevent them from feeling this way. At times, this may have been described as one's partner abstaining from making negative remarks about a lack of sexual activity, while in other cases it appeared that their partners actively assured these individuals that they were fine without sexual activity and did not want to cause them pain. While the specific sources of self-pressure within this category may vary, these types of responses are in some way the epitome of self-pressure. Even in scenarios in which individuals were aware that there was no external source of pressure to engage in painful sexual activity, some still reported feeling internalized pressure to do so. Responses were coded in this theme if participants specifically stated that their partner did not pressure them into painful sexual activity or that their partner understood their difficulties with pain but that the participants still felt some type of pressure to engage in painful sexual activity.

For some individuals, feeling pressure to engage in possibly painful sex despite a lack of partner pressure revolved around personal interest in experiencing sexual satisfaction. One woman who experienced pain during penetrative sex described how her partner was comfortable engaging in non-penetrative sexual activities but that she felt a need engage in them regardless:

> *Did you let your partner know that you were worried about experiencing pain?* No, because he knows fully well my concerns. And he never pressures me to do it, it's usually me who asks him to do it (he is usually happy to just do other sexual activities that aren't intercourse). *Did you feel any kind of pressure to have sex?* Mostly just from myself, I think. Like I mentioned, I want to be the way I used to be - very into sex and really enjoy sex. So there is pressure to get back to that. (#270, age 27, bisexual, Canada)

Her response contains elements of both the "Achieving a Desired Self-Label" and the "Maintaining Prior Levels of Sexual Satisfaction" themes. She wrote that she wanted to be the

kind of person she used to be, i.e., “very into sex,” which functions as a positive self-label. However, it appears that the only way for her to be “very into sex and really enjoy sex” was through painful, penetrative sex. Another 28-year-old woman who experienced pain with penetration felt similarly in terms of sexual preferences. When asked what might happen if she did not engage in painful sex, she said that “Nothing would happen my husband is extraordinarily understanding. It wouldn’t affect our relationship at all” (#276, heterosexual, USA). Nevertheless, she felt pressure “from myself as I actively want to have sex and I want my partner to be able to have sex too. My partner never pressured me.” Again, other sexual activities seemed off the table for this individual, as she noted that she wanted to “actively have sex” and that “the only pain I experience really is penetrative sex,” as if other non-painful activities were somehow passive and less appealing to her. Another woman with menopause-related vaginal pain similarly noted that her partner “would understand and he would not hold it against me or sulk. It’s just that I want to be able to enjoy my relations when I want to, and the value is there, so some pain never deters me” (#111, age 50, heterosexual, Canada).

Some participants reported feeling pressured to take care of their partner’s emotions and expectations even in the absence of partner pressure to do so. One woman reported a need to tend to her partner’s needs when describing the reasons why she wanted to engage in painful sexual activity: “I love my partner and care about his well-being and his sexual needs. I like the idea of having sex, but have a mental block from the anxiety related to the pain” (#298, woman, age 27, heterosexual, Canada). When asked if she felt pressure in this situation, she reported “pressure from myself to please my partner. He does not pressure me. But it makes me sad to see his hidden disappointment.”

Individuals also reported experiencing pressure to engage in painful sex despite a lack of partner pressure to avoid a negative self-label. A woman with lichen sclerosus and interstitial cystitis shared that she felt pressure despite her partner's assurances to the contrary because she feels that without sex, "I'm not very likeable if I never put out (even though he always says that it doesn't matter if we go years without)" (#327, age 22, bisexual, USA). This individual seemed to place a high value on her ability to engage in sexual activity, almost implying that one of the most likeable part about herself is her ability to provide sexual satisfaction. A 28-year-old woman with provoked vestibulodynia, also shared a sense of inadequacy from being unable to provide certain kinds of sexual activity for her partner. While her partner "stresses he would never do anything I don't want, I feel inadequate because even the thought of having to have sex stresses me out [and] sends me into a panic attack" (#189, heterosexual, the Netherlands). In this scenario, her partner's assurances seemed to do little in the way of reducing the amount of pressure she felt. Another woman with several chronic conditions (pudendal neuralgia, Ehlers-Danlos syndrome, and endometriosis) described how she continued to engage in sexual activity despite the pain "because I feel like a bad partner when I don't. I do NOT feel like my partner is forcing me to do anything; I just say I feel okay when I don't" (#802, age 28, bisexual, USA). She also noted that "I just don't really like sex anymore. My partner is okay with us having sex less, but I feel like it will affect us over time." This woman was motivated to avoid the negative self-label of a "bad partner" by engaging in painful sex, possibly in the hopes of also preventing harm to her relationship in the long-term, similarly to those in the "Maintaining the Relationship" theme. Another woman who experienced pain with penetrative sex shared similar sentiments about how she felt in her relationship: "this happens a lot and it's emotionally painful because I avoid sex and it makes me very sad and worried about my marriage and makes me feel

like a horrible wife (even tho my husband gets it and is amazing)" (#148, age 31, heterosexual, USA). For these individuals, sex is apparently so strongly tied to successful relationships that no amount of encouragement or reassurance from their partners seems to lessen their feelings of guilt and role failure.

Perhaps the most interesting responses within this theme were those featured individuals who felt they needed to manage their partner's emotions and expectations by providing sexual satisfaction, despite their partners deliberately expressing that they had no such expectations or needs. For example, one woman with provoked vestibulodynia shared that her partner "never pressures [me] and has been really patient. But it still feels like I'm falling short if we are just masturbating and then I can't get off" (#266, age 29, heterosexual, UK). Despite her partner's patience with her limitations around sexual activity and no apparent pressure to do anything other than masturbation, this individual still felt that such activities would not be enough for either of them to feel satisfied. Another woman with vulvar pain similarly shared that her partner is "very understanding so he wouldn't be mad but I'd feel guilty for not being able to satisfy him" (#165, age 20, heterosexual, Germany). A 36-year-old woman who experienced pain resulting from complications from a gynecological surgery shared that she experienced

> only internal pressure from my own needs, and my desire to please. My husband never pressured me to have sex beyond my tolerance and was endlessly patient with my requirements and requests, needed to make sex bearable in some cases. (#42, bisexual, USA)

For this woman, it appeared that she had the option to choose sexual activities that were within her pain tolerance and had a patient, accommodating partner. However, her "desire to please"

seemed to override both her own physical comfort and the offer from her partner to not exceed her pain tolerance. Another woman who experienced pain with penetrative sex shared,

> I feel ashamed and angry with myself. I want to have sex but it hurts and I feel like I can't satisfy my partner even tho he tells me that I do. He tells me that he doesn't need to cum, that he just enjoys the time we spend engaging in the activity. But I still feel mad at myself because I want to satisfy him in that way and I want to have sex for longer than 5 mins. (#273, age 21, bisexual, USA)

This participant's partner seems satisfied with just enjoying the pleasure of engaging in any kind of sexual activity, regardless of whether it ends in orgasm for him. However, she seems to believe that being able to provide her partner with an orgasm through penetrative sex is somehow more important than both her concerns about pain and what her partner has actually said he wants. Perhaps it is no wonder she feels this way, however, as there are three cultural standards of "real" or "successful" sex imbued in this preference: (a) penetrative sex that is (b) completed by orgasm experienced by (c) the male partner. Many of these cultural standards for sex seem to be driving the pressure that individuals described within these responses. It is a testament to how pervasive and influential these cultural standards are that participants were persuaded to overlook their partners' expressed preferences in favor of these beliefs when making decisions about painful sexual activity.

Partner Pressure

Pressure to engage in potentially painful sexual activity also came from participants' partners. Participants described several different relationship types, ranging from casual dates through online dating apps, first relationships as teenagers, long-distance partners, multi-year partnerships, to decades-long marriages. Responses in this category differed in content from

those in the Self-Pressure category as they are participant reports of their partners' behavior. As such, they are typically observations of actions and statements, with descriptions of partners' thoughts, feelings, or motivations being the participants' inferences about their partner rather than a reflection of their partners' actual internal states. Subthemes in the Partner Pressure theme include Discussing a Lack of Sex/Intimacy in Conversation, Expressing Dissatisfaction, Acting/Initiating Before Participant Indicates Yes or No, Disregarding Participant's Reports/Expressions of Pain, Threatening to Terminate the Relationship, and Getting Angry, Making Accusations, or Threatening Harm.

Discussing a Lack of Sex/Intimacy. Responses were coded in this category if participants described their partner discussing a lack of sex or intimacy without being critical or prioritizing their own needs above the participant's needs. These discussions seemed to differ from others in the Partner Pressure category because the partner appeared to want to improve the overall relationship by finding a workable solution for both individuals rather than pushing to get what they want out of the situation without regard for their partner's wants and needs. Participants usually described these interactions using terms like "discussing" or "being open" rather than their partner "complaining," "expressing frustration," or "yelling." Additionally, participants may have noted that their partner seemed understanding of their pain rather than disregarding its impact on the participant. Even though these discussions were likely not intended to cause participants to feel pressured in the typical meaning of the word, participants still noted that they experienced a sense of pressure to engage in sexual activity as a result. Because of this, the quotes featured in this theme also feature aspects of the Partner Emotions and Expectations theme within the Self-Pressure category.

A woman with vulvar vestibulitis and vaginismus described feeling pressure from a discussion about lack of sexual activity with her partner, despite what he likely intended to communicate:

> *Did you feel any kind of pressure to have sex?* I hate to answer yes but of course I felt pressure. My husband never coerced me or directly pressured me. He just was open with me and shared his feelings. There were no threats or even underlying manipulation. And honestly he would probably stay by my side in a sexless marriage if it came to that. But I definitely put pressure on myself. (#67, woman, age 36, heterosexual, USA)

Although this participant says that she put pressure on herself, she did so as a result of her husband directly communicating about his sexual needs within the relationship. As such, *the actions of the partner* caused this participant to feel pressured to engage in potentially painful sex. Another woman shared similar statements regarding the pressure she experienced:

> *Did you feel any kind of pressure to have sex?* Yes, mostly from myself, but as the last few months have been tough on our relationship I know my boyfriend misses the intimacy that comes with sex and after he told me all about that I definitely felt more pressure to 'get back to it' as it was before my condition. (#31, woman, age 23, heterosexual, Norway)

This woman noted that once her partner told her about how he was feeling about the lack of intimacy in their relationship, she felt pressured to "get back to [having sex]" as they did before she developed vaginismus. Another woman described her partner as "always [being] very understanding and ok with subbing intercourse for other forms of sex but we'd been discussing the effect my low libido had on his confidence as a good partner and I really wanted to try for him" (#107, woman, age 24, heterosexual, USA). This particular response also shares elements

with the self-pressure category of "Managing Partner Emotions and Expectations" as she described wanting to try to engage in sexual activity as a way to improve her partner's lowered confidence. Another woman who experienced pain and cramping with sexual arousal stated that "My boyfriend had recently expressed that he was struggling with the lack of intimacy caused by the pain I felt during sexual activity" but that there was "Pressure only from myself, especially as my partner put his needs beneath mine for many months whenever sex would fail and I would spend the rest of our time together in tears or distant" (#137, woman, age 23, bisexual, UK). Just as #67 noted that she only felt pressure from herself to engage in sexual activity, despite the possibility of pain, it was her partner's discussion of a lack of sexual activity that caused her to feel pressured. These responses revealed that even well-meaning conversations between partners can be a source of pressure to engage in sexual activity, despite the possibility of pain.

Expressing Dissatisfaction. Although there were some references to meaningful, honest conversations between participants and their partners, there were many more reports of partners expressing dissatisfaction with their sexual relationship in a way that was negative. Participants described an array of verbal and nonverbal behaviors that their partners engaged in to communicate their displeasure with not having their sexual needs met. Whether these actions were undertaken to intentionally influence participants' behavior or simply to express frustration is difficult to say; however, these actions did cause participants to feel pressured to engage in sex that they believed would be painful for them. Responses were coded within this theme if participants referenced their partner making statements or actions that seemed critical or negative in nature in response to a lack of sexual activity. This could be in the form of negative verbal statements from the partner, such as complaining, repeatedly asking for sex (e.g., "pestering"), whining, or guilting someone for not engaging in sex. Responses were also coded in this

category if they mentioned forms of negative nonverbal expressions from the partner, such as withdrawing from the participant, refusing to provide affection or engage in conversation, pouting, or sulking.

One woman who experienced pain with vaginal penetration shared that she felt pressure because to have sex, despite the possibility of pain, because "my partner complains about lack of sex. I feel pressured to give in even if not aroused" (#88, woman, age 32, heterosexual, USA). Another woman expressed similar feelings of pressure due to persistent requests for sex from her partner:

> My ex boyfriend wanted to have sex even though I was in an endometriosis flare. I didn't really want to but he bugged me about it until I gave in. *Did you feel any kind of pressure to have sex?* Yes. My partner pressured me to have sex because we hadn't done it in a few weeks. (#286, woman, age 24, heterosexual, UK).

One individual noted that she felt dealing with pain during sexual activity was actually a preferrable option to dealing with the continual pressure from her partner:

> *What did you think would happen if you did not have sex?* That he'd be frustrated with me A*t the time, how did you think this decision would have affected your relationship, if at all?* It did affect the relationship. I didn't really want to have sex and there would occasionally be encouragement to do so. Sometimes it's just easier to say yes then deal with continued pressure whether it's direct or indirect (#66, woman, age 41, heterosexual, USA).

This woman engaged in such a tradeoff relatively often, reporting sexual frequency about once a week with pain occurring 70% of the time; she said that she "often just went through with sex and would wince through the pain and often just hoped it would be over soon."

Other participants also seemed to reference pressure from their partner as a normative experience. For example, a woman with endometriosis stated that if she didn't engage in sex, it would have likely resulted in "mostly disappointment from my boyfriend and me feeling guilty," noting that "over the years, it has caused some relationship issues as my boyfriend needs that extra intimacy to feel like we are in a relationship vs 'being roommates.'" Interestingly, she reported feeling pressure "from myself. Some pressure from my boyfriend - not an inappropriate amount though" (#200, woman, age 32, heterosexual, USA). This passage is notable for several reasons. Her partner expressed that in order for their romantic relationship to not only feel valid, but also be meaningfully different from acquaintances who happen to live together, sexual activity needed to occur with some degree of regularity. This again features the belief that "real" relationships involve sex. It also poses the possibility that no other aspects of a committed relationship have worth above and beyond what a typical roommate could provide. Furthermore, this participant mentioned that her partner pressures her to have sex but adds the caveat of "not an inappropriate amount though," which seems to imply that there is exists an "appropriate" amount of pressure for one's partner to apply when they are sexually frustrated. Another woman referenced similar "appropriate" gradations of pressure from her partner, stating that if she didn't engage in painful sex, "my partner would be frustrated, but wouldn't become violent or forceful if I said no" (#58, woman, age 38, heterosexual, USA). Her statement seems to indicate that she feels her partner only becomes "appropriately" upset with her when she does not want to engage in sexual activity, e.g., non-violent. When describing whether she used a strategy to manage her encounter, she shared that

> I quietly said I didn't want to have sex, and we did anyway. I thought he didn't hear me, and I didn't speak up after that…I felt hurt, physically and emotionally. I felt like I had to

> do something I didn't want to do, because my boyfriend wanted sex, and my body was not cooperating or working properly. I felt it was my fault it hurt.

This woman's tentative request to not have sex may reflect a concern that if she pushed back too forcefully, her partner would go from feeling frustrated to "violent or forceful." Even though her partner did not engage in overt force, it appears that she felt her partner forced her into sex nonetheless, as she "felt like this was one of the times that I had sex against my wishes, and I still wonder what to call it."

In addition to general expressions of frustration or disappointment, some participants reported that their partners made negative comparisons with other, more ideal sexual arrangements that caused the participants to feel inferior. For example, one woman stated that "I felt [pressure] by my partner to engage in penetration because he would talk about previous relationships he had where he enjoyed that," which subsequently caused her to pressure herself into having painful sex "to prove that I could have sex and be more of a woman than I was being" (#17, age 25, heterosexual, USA). Another described how even though she engaged in vaginal sex quite frequently with her partner, he still pressured her to engage in other painful activities: "my ex-husband would point out that lots of women love anal sex. It's very common in Puerto Rico he would say. I definitely felt pressured, even though we had vaginal sex every other day" (#45, woman, age 47, heterosexual, USA). This woman's partner was extremely persistent in pursuing anal sex, despite the participant's request to stop, and would even sulk after sex if it did not meet what she described as pornographic standards:

> Luckily he would stop what I would tell him to. However, he would repeat trying to penetrate me anal several more times during the sex session. At the end he would be disappointed that there was not a full-blown pornos type performance. Silent treatment.

Another woman reported that she felt pressure from her ex-partner because he

> was always more interested in having sex than I was. He would talk about how much other people were having sex… He often got annoyed that I didn't get aroused "fast" enough. There was a certain amount of time I had to get aroused as opposed to following how my body was progressing. He compared me to other women he had had sex with and commented about how they got aroused and came faster than I did. (#264, age 56, queer, USA)

The insinuation that these individuals were somehow less functional sexual partners, incapable of doing sexual activities that other women did with apparent ease, set a particular standard that some participants felt that had to live up to. These comments may have also exacerbated these participants' beliefs that their pain made them less desirable sexual partners or that they are somehow fundamentally broken.

Some participants also reported that their partners made other types of statements meant to guilt or manipulate participants into engaging in painful sexual activity. For example, one woman reported that while her partner would initially say he was comfortable with no sexual activity, he would guilt her for turning him down at a later timepoint: "he said its fine but would later make comments how we didnt have any action and i wouldn't start the thing" (#310, age 22, bisexual, Germany). Another woman reported that her partner pressured her used several tactics, including persistently asking and guilting her into making up for "lost time" earlier in their marriage: "My husband knew it hurt but that didn't stop him trying to talk me into having more sex or making me feel guilty about not offering to when we were younger" (#211, age 57, heterosexual, UK). Another participant's partner complained that by not engaging in sexual activity, even though it was painful for her, she was not adequately taking care of his needs in

their relationship: "*Did you feel any kind of pressure to have sex?* Yes, 100%. I felt so much pressure from him because he would constantly express to me how disappointed he was and how his needs aren't being met and how unfair that was to him" (#92, woman, age 20, bisexual, USA). One woman with vulvodynia reported that it took time for her partner to let go of the coital imperative. Before he adjusted his expectations, she described how he would guilt and manipulate her into having painful penetrative sex: "Over the years we downplayed PIV a bit, which helped. Took ages because at the time spouse was very much of the 'sex = PIV' and 'if you loved me you'd fuck me' persuasion" (#127, woman, age 38, heterosexual, the Netherlands).

In addition to being responsible for their partner's sexual needs, some participants also felt they had to cater to their partner's emotional needs. These participants reported that they felt pressured into painful sex to assuage their partners' insecurities around sexual rejection. Rather than recognizing that these individuals were declining sex due to concerns about pain, partners would sometimes respond to these declinations by internalizing the rejection as a reflection of their own low self-worth. One participant said that she had to not only engage in sex, despite it being painful, but also be the initiator of these activities so that her partner would not feel insecure: "If I don't come to my partner wanting sex he thinks he's unattractive and feels insecure" (#356, woman, age 20, bisexual, USA). Another woman with Ehlers-Danlos Syndrome reported that her partner felt disappointed by the change in what used to be a sexually satisfying relationship for him: "He was disappointed and frustrated. He was confused as to why I was experiencing so much pain after years of good sex in our marriage" (#288, woman, age 32, heterosexual, USA). They ultimately engaged in sex despite her concerns, but "it was very painful and frustrating for both of us." One participant even described how her partner would feel so dejected if she turned down sexual activity that he would enter what could be described as

an existential crisis if she rejected his advances: “I always got incredibly frustrated and would just shut down. My husband would question his existence and reasoning to be on this planet. sex was terrible but my husband was always willing to accept the awful sex” (#133, woman, age 30, heterosexual, USA).

While some partners seemed to become despondent in the face of sexual rejection and internalize their negative feelings, other partners became frustrated, irritated, and externalized their negativity. These partner responses bordered on anger and other violent forms of responding but seemed to be one step below becoming overtly threatening and hostile, a style of partner pressure which will be discussed in a subsequent section. Some participants felt pressured to engage in sex despite concerns of pain as a preventative measure to keep their partner from getting upset. For example, one woman wrote that, “if I'd have said no to having sex, the other person involved would probably have gotten mad/ annoyed” (#125, woman, age 24, heterosexual, UK); another shared that her partner “would feel scorned like I had led him on” (#543, woman, age 21, bisexual, USA). Other participants felt pressured when their partners started to show frustration with them. One woman shared that her partner would get upset about the lack of sexual activity in their relationship, which caused frequent arguments between them. She ultimately decided to hide her concerns about pain during sex to prevent her partner from becoming more irritated:

> *At the time, how did you think this decision would have affected your relationship, if at all?* My husband gets mad *Did you feel any kind of pressure to have sex?* I do at times, he has been very vocal about his frustrations. *Did you let your partner know that you were worried about experiencing pain? Why or why not?* Most of the time I do, sometimes I don’t to avoid him being upset. *How did your partner respond to the situation, if at all?*

> He got upset, he didn't yell but he was irritated…We bicker about his needs being fulfilled and me not putting out enough. (#910, woman, age 37, bisexual, USA)

Another participant described similar building frustration within her partner the longer she avoided sexual activity: "He would get grumpier the more I denied him. It would [affect] our marriage" (#177, woman, age 27, heterosexual, USA). When describing what would happen if she did not engage in sexual activity, despite her concerns of pain, another woman noted that her partner "would be disappointed and distant" and that she felt pressure "from partner and from myself to be a more sexual person" because "the choice to have sex temporarily reduced tension in relationship" (#287, woman, age 29, heterosexual, USA). Indeed, some participants felt that they could only withstand their partners desire for sexual activity for so long; the longer they declined sex, the more intense both their partners' frustrations and the impending sense of obligation grew. Participant 133, the same whose partner would "question his reason to exist" if she turned him down, said,

> My husband has a much higher libido than I do. He gets very "testy" after 2 days of not having sex. In order to avoid an argument or him pouting, I would have sex with him to restart the clock all over again. (#133, woman, age 30, heterosexual, USA)

The metaphor of a clock that can never be fully stopped, but rather only reset to the beginning, is a fitting illustration of the type of pressure that many participants described experiencing in response to their partners' sexual desires.

Some partners demonstrated a particular lack of compassion toward participants' experiences of during sexual activity. For example, a woman with genital and pelvic pain described how her previous partner "showed frustration with my pain" and while she "definitely preferred some sexual positions over others due to the discomfort and pain…my ex only seemed

to enjoy the positions that caused me pain." As a result, she felt pressured to engage in these acts because "sex was expected in this relationship quite consistently" and declining sex "would have affected my relationship negatively." This woman's partner was simultaneously so frustrated with her pain and so focused on his own sexual satisfaction that she was encouraged to use a safe word to tap out once she could no longer tolerate the pain, at which point her partner would "eventually stop once I used the safe word" (#280, woman, age 25, heterosexual, USA). Another woman with genital, pelvic and abdominal pain said that if she declined to have painful sex, her partner would become so "moody" and sexually frustrated that his ability to engage basic tasks such as work and free time activities would be impaired:

> *What did you think would happen if you **did not** have sex?* I knew my partner would probably be upset and moody which would cause us to have fights and not get along. *At the time, how did you think this decision would have affected your relationship, if at all?* I figured it would affect his decisions for the next couple of days as far as his hobbies and work go. *What ended up happening in this situation?* We did not have sex, my partner ended up being slightly more moody than usual but he ended up understanding. I explained that I had been feeling a little more [pain] than usual and he can generally sympathize after some time. *How did your partner respond to the situation, if at all?* He tried to understand, but usually that comes after some time to simmer down. He said he understood but that he needed time to recover. (#214, age 24, heterosexual, USA)

From this participant's description, it appears that her partner had a difficult time understanding why she might not want to engage in painful sex and instead reacted with irritation that takes "some time" to resolve. This excerpt may serve as a good example of the "hassle" other participants mentioned wanting to avoid by acquiescing to painful sexual activity. This

participant also seemed takes some of the responsibility for her partner's ability to function normally, as not having sex would "affect his decisions for the next couple of days." This phenomenon reflects several gendered sexual scripts, particularly the concept of sexual care work, in which heterosexual women are viewed as the ultimate caretakers of their partner's emotional and sexual needs, as well as the stereotype that men's sexual needs are so strong that they might "lose control" or become physically incapacitated if they do not have sexual release when they want it. This makes a stark contrast to the very real physical tradeoff that some participants reported if they engaged in sexual activity, such as bleeding, intense cramping, and an inability to sit, walk or stand normally for several days post-sexual intercourse.

Threatening to Terminate the Relationship. Some participants reported that their partners pressured them into painful sexual activity by making ultimatums or threatening to end their relationship. Responses were coded in this category if participants reported that their partners made statements about terminating the relationship if they did not engage in sexual activity or if the partner broke the terms of the relationship by engaging in infidelity. This category differs from the Self-Pressure theme of "Keeping the Relationship Intact" because concerns about the relationship are founded in *partners' actual statements and actions* rather than the *participants' hypothetical concerns*.

A woman with interstitial cystitis described how her partner gave her an ultimatum about engaging in anal sex, despite her reports that it caused her pain 100% of the time she tried it. She shared that "not engaging in the act causes stress between us" and that she felted pressured into providing her partner with anal sex, despite the pain, because "My partner has stated that he needs this act to happen or he will leave" (#123, woman, age 33, heterosexual, USA). Another woman with endometriosis, polycystic ovarian syndrome, and vulvodynia reported that

> I felt bad because as his wife I should be able to have sex with my husband. I just feel like he doesn't fully understand… It has affected my marriage greatly. It has led to him talking to another woman, I did suspect that he has cheated at one point. (#910, age 37, bisexual, USA)

This participant made attempts to provide her partner with the sexual satisfaction he sought, because despite experiencing pain every single time she engaged in sexual activity, she still had sex with her partner once a week on average. The difficulties she experienced as a result of painful sexual activity caused her to feel "worthless as a woman."

Partner pressure can have long-lasting influence on sexual decision making, even after the end of a relationship. One woman described how even though "my husband understands the pelvic pain that I get afterwards so it doesn't affect us" she still pressures herself into having sex because "I have had asshole boyfriends in the past that have broken up with me as they said I was making up the pain" (#126, age 35, heterosexual, UK). Manipulation by way of threatening the end of a relationship was a powerful tool that some partners wielded in an effort to get their partners to continue providing sex. One woman described how her partner utilized several emotionally manipulative tactics to get her to engage in sex:

> The first time I mentioned the pain, he left the room without saying anything, leaving [me] to cry alone in the dark. He came back into the room later, stating that he contemplated dumping me over it but that he still wanted to [continue] the [relationship] because he had strong feelings for me. I wish he would have ended it. (#235, age 32, heterosexual, USA).

She also shared that, "my partner would still [expect] to be able to finish if I was experiencing pain, and if he wasn't able to finish he was not very supportive of me." She noted that despite her

concerns about pain, “nothing changed” in the long-term and “the PIV was always at least a little painful…I felt hopeless and he felt entitled to receive his pleasure despite my pain.” Other partners leveraged their power as the partner with more resources in the relationship to pressure their partners into painful sex. Some participants who had just given birth or had small children reported that their partners threatened to leave the relationship and their nascent family over sexual dissatisfaction, which would have put these individuals at a severe disadvantage due to loss of social and financial support. For example, one woman reported significant scarring after reconstructive surgery to repair vaginal tearing after childbirth. She stated that despite these injuries, her “husband only wants penetrative sex, which leaves me in such severe pain I can barely sit down.” She described her dilemma in the following way:

> My husband made it clear he would leave when our kids were small. I was in no position to raise our kids on my own, childcare and housing is prohibitively expensive. *At the time, how did you think this decision would have affected your relationship, if at all?* I have no doubt he would have left in our earlier years. *Did you feel any kind of pressure to have sex?* As above: I felt I had no option not to (#211, age 57, heterosexual, UK).

This participant’s pain was directly related to childbirth and yet had to continue to put her body on the line in service of her husband’s sexual desires in order to continue having the means to support her children. Such pressure to engage in painful sex is extreme and represents an unfortunate abuse of power by her partner, who seemed to have little stock in anything else in their relationship besides sexual gratification through penetrative sex. Another woman who had recently given birth reported similar pressures within her marriage:

> Weeks after childbirth, spouse was impatient and coercive, threatening marriage stability if we did not have vaginal sex with regular frequency. Same happened in late

> perimenopause when I had discomfort due to very low estrogen levels. I would have preferred to reduce frequency temporarily or engage in non-penetrative sex but I didn't want to destabilize my family unit. *What led up to this situation?* Spouse was upset we had not yet had intercourse about six weeks after childbirth. I did not feel ready and explained this but he felt it was threatening our marriage and this scared me. I remember crying when he had this talk with me, then crying again when we had sex because it was painful and I felt like sex had suddenly become something to meet his needs instead of the joyful shared experience it had always been previously. *How could you tell your partner was interested in sexual activity?* He sat me down and said I had to get back on the horse because he felt like our marriage was broken due to lack of sex (#74, age 52, heterosexual, USA).

Despite the gravity of this situation and the clear emotional burden it placed on this woman, her partner seems to view the situation with a myopic focus on his own sexual needs and an inappropriately jocular attitude about simply "getting back on the horse" in order to tend to his desires. What is perhaps particularly unsettling about these examples of partner pressure is that the partners seem so focused on sexual gratification that they seem to value this above both their participants' bodily autonomy and their responsibilities to their newborn children.

Acting or Initiating Before Participant Could Say Yes or No. Some participants reported experiencing pressure to engage in painful sexual activity because their partners had already initiated sexual activity before giving them an opportunity to decide whether they wanted to or not. Rather than making a clear offer and giving participants time to decide whether they were willing to risk pain during sexual activity, these partners initiated sexual activity without clear consent from their partners to do so. Responses were coded within this theme if responses

described a partner initiating some kind of sexual activity before the participant could say or indicate either yes or no to that act. Additionally, responses were included in this theme if participants noted that they felt they had to opt out of sex instead of opting into sex.

Some partners seemed to view initiation of sexual activity as the natural next step in their encounter with participants, and as such, it was not necessary to check to see if they were actually responding to said advances. For example, one woman described how "my partner was sending me sexual messages all day to try and turn me on. When I got home he started kissing me trying to initiate intercourse" (#910, woman, age 37, bisexual, USA). Her partner may have believed that by sending flirtatious text messages, he was laying the groundwork for sexual activity later in the day and could therefore act as soon as she returned home. Some participants described their partners pushing ahead with sex after going on dates, potentially with the assumption that "that's where the night was headed." For example, when describing how she could tell her partner was interested in sexual activity, one woman wrote that he was "already touching me on the way home and making sexual comments towards me" after her partner's birthday celebration (#121, woman, age 25, heterosexual, unknown). She felt pressure "from myself and the situation because I did not want to disappoint him. Also my partner already stimulating me made me feel like I had no other choice." Another woman with vulvodynia described how after going on a few dates with a new partner, he rushed the initiation of sex based on his assumptions about where the night was headed:

> On one occasion I had been on a few dates with a guy and decided to take it further by going to a hotel room for a night. As soon as we got in the room he started kissing me and didn't beat around the bush. Because of the nature of the moment, I couldn't simply tell him about my experience with pain (especially because I was not diagnosed at the

> time so I didn't know what was wrong) so I felt very pressured into doing it and did not feel taken care of or respected. (#219, woman, age 22, heterosexual, UK)

Another woman described similar circumstances with a casual date who had proven to rush into sex without much foreplay or consideration for what she wanted:

> I knew from previous experience that this particular partner was quite fast/rough and I hadn't enjoyed the actual act much in the past. I felt that he tended to rush the moment of penetration and I was not usually turned on enough/wet enough to have intercourse comfortably. *Did you feel any kind of pressure to have sex?* I suppose I felt pressure in the sense that it felt it would be easier just to go along with it than to stop it. I felt that his momentum in initiating and pushing it forward was quite strong and it would take some protesting on my account to stop it. I also knew my feelings were ambiguous/mixed on wanting to do it or not (see above) so chose to go with the side of me that did want to (#75, woman, age 28, heterosexual, Australia).

The partner in this response seemed to rush many aspects of sexual activity and even seemed to brush off this participant's requests to use a condom in prior encounters: "I also knew that the previous time we had sex, I'd asked him to use a condom and he'd said "no" and penetrated me in the next second. I knew I would be safe (not at risk of violence as I know him) and that I could leave as soon as it was over." As a result, she not only felt she had to accept this rushed, painful sex but that she would have to accept the risk of unprotected sex as well: "this time I didn't even mention the condom - kind of just accepted that we wouldn't use one." It is interesting to note that this participant described herself as feeling "safe" in this encounter. This definition of safety seems to only apply to the most overt forms of violence, namely physical assault, and not other forms of coercion such as refusing to wear a condom.

Although communication of consent can be fraught in casual relationships and some may argue that unfamiliarity and a reliance on older models of consent, such as implied consent (only stopping if someone says "no") may be driving these rushed encounters, there are examples of partners initiating consent in more established relationships as well. In addition to #910's description of her husband initiating sex immediately after she returned home from work, there were several other participants who described being in long-term relationships with partners who would start sexual activity without waiting for the participants' consent. For example, one woman stated that despite having several conversations with her partner about her concerns about pain during sex and not feeling ready for penetrative sex,

> he penetrated me without my consent. I froze up because it was very painful, and I wasn't able to say anything. I was mostly just very confused - I didn't understand why he would do that without asking or talking about it first, since he knew it would cause me pain. (#35, woman, age 23, heterosexual, USA)

Another participant even told her husband during the middle of their encounter that she did not want to continue, yet he repeatedly attempted to re-initiate anal sex: "Luckily he would stop what I would tell him to. However, he would repeat trying to penetrate me anal several more times during the sex session" (#45, age 47, heterosexual, USA). This type of rushed or even forced penetration can have lasting impacts on individuals, both physically and psychologically, as noted by this woman who described the damage done over the course of her seven-year relationship:

> I have a healthy/happy sex life despite this, so I'm not sure what the issue is. It could be that my previous partner (approx 2011 to 2018) penetrated me many times when I wasn't ready, and I would tear. This happened maybe 200 times total over the course of ~7

> years. Is it possible that had lasting physical damage? I'm not sure. (#27, age 27, bisexual, USA).

Another woman's ex-boyfriend of a year and a half preferred to engage in sex when she was not completely awake, perhaps so she was not capable of declining his advances. She described his interest and initiation of sex as follows: "My ex liked to have sex as I was falling asleep, so I attempted to ignore his advances. But he climbed on top of me anyway" (#280, age 25, heterosexual, USA). This is the same participant whose partner asked her to use a safe word to "tap out" of painful sex. She reported that during this encounter,

> he came and I did not. I experience vaginal pain and tearing as a result of the encounter. I felt hurt, in pain, scared, dissatisfied, and tried to disassociate to handle the pain… I was unhappy. And due to the genital tearing, I could not go to the bathroom comfortably for nearly a day.

Another woman who experienced genital pain reported that she could tell her partner was interested in sexual activity not because of any gentle caresses, flirtatious comments, or direct requests, but because "he would dry hump me." She stated that she felt pressure quite overtly because "my ex-husband forced himself on me at times despite me not wanting to have sex" and that she usually did not communicate her concerns about pain during sexual activity because "I didn't want him to feel badly about something he couldn't control" (#284, age 38, heterosexual, USA). This response seems to refer to the aforementioned stereotype that men are unable to control their sexual urges and cannot be held accountable when they initiate sexual acts without consent.

Disregarding Participant's Report or Expression of Pain. Some partners also pressured participants into painful sexual activity by disregarding their reports or expressions of

pain. Unlike the previous subtheme, these participants might have been able to communicate their concerns or experiences of pain before sexual activity was initiated. However, that did not stop some partners from going ahead and initiating sexual activity anyways. Responses were coded into this theme if participants had indicated non-consent to sex, either by a) mentioning their concerns about pain or b) some other expression of non-interest AND their partner continued with sex or initiated anyway, despite the participant's expression of "no." Additionally, the interaction specifically resulted in the partner initiating or completing sexual activity, not the termination of the relationship or verbally pressuring participant to engage in sex. Furthermore, the partner did not have to believe the participant's reports of pain, either partially (i.e., the partner didn't think the pain was as serious as participant said, or that it had gone away since it was last discussed) or fully (i.e., the partner says the participant is lying about the pain). Finally, the partner did not have to acknowledge the participant's report of pain for it to be disregarded, i.e., the partner did not verbally respond to participant's expression of pain/non-consent and continues to initiate or complete sexual activity.

This theme shares elements with the prior "Acting or Initiating Before Participant Could Say Yes or No" theme as participants felt pressured not by their partners' words but rather by sexual activity that was commenced without their consent. However, this theme is arguably more serious in some cases. These participants felt sure that their partners were aware of their concerns about pain and yet their partners chose to go ahead with sexual activity anyways, thereby either knowingly inflicting pain upon their partners as a consequence of pursuing their own sexual gain or believing that their partner was lying about their concerns of pain. For example, one woman reported that "my partner and I started sex and it became very painful. I told my partner and asked him to stop, and he did not stop until he had orgasmed. He then left to go home shortly

[afterwards]" (#17, age 25, heterosexual, USA). Another participant wrote that "my ex-husband was aware that he could potentially cause me pain if he thrusted too deeply or suddenly, but it didn't stop him from doing it" (#461, age 44, heterosexual, USA). When describing whether pain had influenced the frequency of sex in her relationship, a woman who reported her source of pain as "too rough or forceful on [the] mans part" stated that she has sex, despite the pain it causes, because of the blunt reality that "I [don't] get much choice, he likes it this way and despite telling him it hurts he continues" (#41, woman, age 50, heterosexual, UK).

Some partners seemed to justify their actions by downplaying the severity of the situation or their role in causing their partner pain. A woman with pelvic floor dysfunction and interstitial cystitis stated that her partner pressured her into sexual activity because "I feel that he dismissed my pain because he hoped it would have improved by now" (#123, age 33, heterosexual, USA). In another instance of partners dismissing concerns of pain, a woman in a relationship with another woman described how her partner would not make changes to her physical appearance in order to make sex less painful:

> *Did you let your partner know that you were worried about experiencing pain?* I have in the past but I did not this particular time as she doesn't tend to listen to me and dismisses my requests like asking her to cut her fingernails. (#143, woman, age 22, lesbian, partner: woman, England)

Another participant described her partner's belief that he could not do anything differently to prevent pain during sex. She shared how this stance and his insistence on penetrative vaginal sex damaged their relationship for many years afterwards:

> *Did you let your partner know that you were worried about experiencing pain?* Yes. Seems like the thing one should want to know. He/we didn't feel all too capable to do

> something about it and not having PiV was not an option, so it didn't end up mattering all that much. We've now been together for 20 years and I'd say our relationship is good, as is our sex life, but the painful sex definitely wore a groove in my mindset that says "when push comes to shove, he's willing to cause me pain for his convenience" that we're still paying for. (#127, age 38, heterosexual, the Netherlands)

Participant 123, who was quoted earlier, reported a similar erosion in trust in her relationship. Long after the physical pain had subsided, the emotional pain of being manipulated, ignored, and pressured into painful sex by her partner resulted in enduring trust issues within her relationship:

> When I say I don't want to do something because it hurts that is ignored. When I say I do want to engage in something even when it hurts (i.e., PIV) that is used as an excuse to not do that and do something else. My agency never matters and I have much less trust in my partner thinking about my well being as a result. (#123, woman, age 33, heterosexual, USA)

In contrast to some partners being outright dismissive of individuals' concerns about pain, some participants described how their partners would initially pretend to be gentle or understanding, but that this was just another tactic to pressure participants into painful sex. For example, one woman stated that,

> I thought the only way I could be pleasing or 'useful' was to have PIV sex. Plus my partner kept denying my feelings and experience. *How did your partner respond to the situation, if at all?* He acted sympathetic but just wanted to continue trying because he thought I "should" be able to do everything that was painful for me (#186, genderqueer/nonbinary, age 22, queer, USA).

One participant with endometriosis reported an alarming juxtaposition between sex that her partner promised would be gentle and pain so excruciating that she actually lost consciousness:

> My partner pressured me to have sex because we hadn't done it in a few weeks. *Did you let your partner know that you were worried about experiencing pain?* Yes. He knew about my pain and my fears of sex making it worse. He said he'd be gentle *What ended up happening in this situation?* The sex caused my pain to become much worse. I ended up briefly losing consciousness due to the pain and an ambulance had to be called several hours later, as the pain was too much for me to handle. *What were your thoughts and feelings throughout the encounter?* During the sex I was just trying not to scream too loudly. Afterwards I felt upset that my partner seemed to care more about his pleasure than my comfort. (#286, age 24, heterosexual, UK)

Another woman described her encounter with her partner in plain terms:

> i explained it was painful but i was dismissed. we ended up having sex *How did your partner respond to the situation, if at all?* He disregarded my feelings *What were your thoughts and feelings throughout the encounter?* I understand it would be considered [coercive] sex/rape. I don't know how I am feeling about it. (#428, age 26, bisexual, USA)

Another woman shared that her husband not only did not care that sexual activity was painful for her, he actually considered her pain to be a symbol of how masculine he was as a sexual partner:

> *Did you let your partner know that you were worried about experiencing pain?* Yes I did. He knew that PIV sex hurt. That didn't stop him from wanting to have PIV sex. He often got annoyed that I didn't get aroused "fast" enough. There was a certain amount of time I had to get aroused as opposed to following how my body was progressing. He compared

> me to other women he had had sex with and commented about how they got aroused and came faster than I did. He also wasn't too concerned about any post-coitus pain I was in. He thought if I was sore that it was proof of his manliness; that he had given me a "proper" fucking. (#264, age 56, queer, USA)

Responses in this theme demonstrate the unfortunately callous nature that some partners can have towards individuals who experience unwanted pain during sexual activity. They are also representative the disproportionately high value that sexual pleasure can have for some partners, who place a greater value on their own sexual satisfaction than they do on their partners' physical wellbeing.

Getting Angry, Making Accusations, Threatening Harm. The final theme within the Partner Pressure category features the most volatile partner behaviors, namely pressure to engage in painful sex via anger, accusations, or threatened harm. Responses were coded in this category if participants reported that their partner became angry with them, yelled, screamed, or otherwise raised their voice, accused them of infidelity, threatened physical harm to them or actually became violent. Because these responses were deemed to be more forceful or intimidating that those references in the "Expressing Dissatisfaction" theme, they were coded into a separate theme.

Some participants reported that they felt pressured to engage in painful sexual activity to either prevent their partner from becoming angry or assuage their anger once they became upset. For example, one woman reported that she felt pressure to engage in painful sex because she was afraid that one of her partners would become angry if she turned him down:

> On two other occasions with different guys I did not talk to them beforehand and simply tolerated the pain. With one of them I tried to avoid it by acting shy but eventually had

> sex with him because I was scared that he would get angry or upset that I "wasted" his time (#219, age 22, heterosexual, UK)

Another participant noted that the only positive outcome that came from engaging in painful sex with her partner was stopping her partner's anger: "*What were the positive outcomes of that encounter, if any?* None other than him not being angry with me" (#41, woman, age 50, heterosexual, UK). While this might have temporarily "run back the clock" on a partner's anger and sexual frustration, other participants noted that engaging in painful sex to avoid a partner's ire did not have positive long-term outcomes:

> *What did you think would happen if you did not have sex?* we would get into an argument and he will release his sexual frustrations out on me... AGAIN *At the time, how did you think this decision would have affected your relationship, if at all?* i thought it would have satisfied him and "shut him up" but that actually did a lot more harm than good. (#133, woman, age 30, heterosexual, USA).

It is not completely clear what this participant meant by her partner "releasing his sexual frustrations out" on her, as it could be verbal remarks, physical anger, or even sexual assault. However, it seemed like this reaction was both common enough that she knew he would respond in this way if she declined sexual activity and powerful enough to persuade her to engage in sex, despite it being painful.

Some partners interpreted participants declining to engage in sexual activity as evidence of underlying deceit rather than being based in concerns about pain. These partners responded with accusations of infidelity or other harmful falsehoods. The participant whose partner took out his "sexual frustrations" on her described the way her partner responded to her whenever she tried to turn down sex as "not good. He thought that i was not attracted to him, that I might be

lesbian, or that I may be cheating on him. He just could not understand why we weren't having sex daily" (#133, woman, age 30, heterosexual, USA). A gay man who experienced pain with anal sex shared that because his partner was upset due to misinterpreting his hesitance to have sex as a lack of attraction, he does

> get paranoid if we're having enough sex. and then separately, i want to eventually be open and have sex with others, but im afraid ill be accused of not having enough sex 'at home' yet wanting others, if that makes sense? It has delayed my decision to ask thoughts on open relationships/sex with others" (#145, man, age 29, gay, partner: man, USA).

Partners internalizing a participant's rejection as a reflection of their own inadequacy, especially as it relates to their masculinity, seemed like a pattern among these responses. This sense of inadequacy may be what fueled these partners to lash out in angry accusations instead of empathizing with their partners' pain. One woman described a particularly abusive situation in which her partner would either sexually assault her or accuse her of infidelity if she did not choose to engage in painful sex:

> *What did you think would happen if you did not have sex?* he would force me or make outrageous accusations like that im cheating or want to engage in sex with other men usually men he perceived as overtly masculine *Did you feel any kind of pressure to have sex?* yes he had forced me before even when i was in terrible pain from a uti he'd guilt trip me *Did you let your partner know that you were worried about experiencing pain?* at first yes, but then i stopped because he didnt care (#225, woman, age 22, bisexual, USA).

Partner sexual assault was unfortunately reported by several participants in this study. These partners responded so maliciously to participants' requests to not have painful sex that they not

only forced their partner into sexual activity, but some also seemed to intentionally make sex more painful as a punitive measure. One man described his encounter as follows:

> *What did you think would happen if you did have sex?* It would hurt and/or lead to a fight *What did you think would happen if you did not have sex?* I don't know, I never said no to him. I don't necessarily think he would rape me but I considered it a possibility *Did you feel any kind of pressure to have sex?* Yes, from him insisting and insisting on how we would do it and from myself because I didn't want to jeopardize the relationship *Did you say or do anything to make this situation turn out the way you wanted it to?* I said I'll get some lube *What ended up happening in this situation?* He said no to the lube and had sex with me, roughly, more rough than usual (#340, age 39, bisexual, partner: man, USA).

This participant seemed to know on some level that his partner was capable of raping him and yet found it difficult to fully admit this. Additionally, he seemed invested in this relationship since he did not wish to jeopardize it by insisting on not having sex. When he tried to at least mitigate the pain he would inevitably experience by using lubricant, his partner denied him this small courtesy and assaulted her with particularly rough sex. Another participant reported that while she was able to fend off her partner during their initial encounter, she was too frightened to stop him during his subsequent attempts:

> I made him stop halfway through because it hurt too much and he reacted very angrily and tried to rape me but was unsuccessful. Later on in the night he initiated again and I just let it happen because I was scared of his response (#219, age 22, heterosexual, UK).

These kinds of assaults can have long-lasting effects for victims and continue to influence their decision making around sex for many years to come. One woman reported that in the decade

after she was sexually assault by her boyfriend in high school, she experienced a type of learned helplessness regarding painful sexual activity:

> My first sexual experience was assault by my high school boyfriend. It had a significant impact on my view of sexual activities. Prior to that experience, I had a healthy interest in my sexuality. After, I developed fear. I did not believe that what I wanted mattered. I did not believe that I could say no. I did not believe my partners cared whether I experienced pleasure (#131, woman, age 51, heterosexual, USA).

Participant 264 woman described in detail how the building tension of escalating negative responses from her husband caused her to fear what might happen if she turned him down for sex:

> He would get annoyed and sulky. He would be "disappointed" and then I would have to deal with him being in a huff. He would complain about how we didn't have sex enough. I think underneath it all I was afraid to say no. That he might hurt me if I said no for too long. (woman, age 56, queer, USA)

Ultimately, her intuition about what her husband was capable of proved to be correct:

> He got violent once in our relationship. One time he got angry that I didn't want to have sex while we were taking a bath together. He forcibly and angrily finger fucked my vagina for 30 seconds or so before I could push him off of me and he stopped. I got out of the bathtub. He apologized later. Said he was sorry and that he didn't know why he had done that. I told him he did it because he was angry that I had said no.

She described feeling trapped in her relationship, regardless of whether they had sex or not. However, she felt she had to use sexual activity as a way to keep her partner from becoming violent again:

> I knew we wouldn't get divorced if I didn't have sex with him. I just knew he would be happier if and when I did have sex with him. I think I used sex as a means to pacify him, to make him more compliant. And after the bathtub incident I knew that he could hurt me even if he loved me.

For individuals who experienced partner pressure at this level, the possibility of experiencing pain no matter what they decided about sexual activity became a more realistic outcome. If individuals did not give in to what their partners wanted, they were faced with accusations, anger, physical harm, or even sexual assault. Under such intense partner pressure, these individuals may have felt that their only option was to acquiesce to painful sex rather than risk having it forced upon them anyway.

Situational Pressure

Pressure to engage in painful sexual activity did not always come directly from the individuals involved in the situation. Participants also reported a number of situation elements that caused them to feel pressure to engage in sexual activity. These ranged from being presented with a rare opportunity for sex, following a routine or schedule for sex, to wanting to commemorate a special occasion.

Taking Advantage of a Rare Opportunity. Some participants reported that pain was not the only factor that influenced the sexual frequency in their relationships. Certain situation factors limited their ability to engage in sexual activity, which in turn increased the pressure to engage in sex once these rare opportunities occurred. Responses were coded into this category if participants reported feeling pressure from external situational factors such as (a) spending time with a partner who was not frequently available, (b) having a rare moment of privacy in their living situation, (c) no longer having childcare duties because their children were asleep, taken

care of, or preoccupied, (d) if there was a mismatch in partner libido and the partner with the lower libido expressed interest in sex, or (e) if there was some kind of biological window of opportunity such as ovulation in couples trying to conceive.

Several participants described relationships in which they saw their partners infrequently, whether it be long-distance relationships or simply not cohabitating with the other person. These participants reported feeling pressured to take advantage of the rare opportunities they had when they were in the same space as their partner because they knew their time was limited. One woman wrote that she felt pressured to take advantage of being with her partner because "we hadn't had sex in a while (long distance), and I was looking forward to being intimate again" (#350, woman, age 22, asexual, USA). Another participant shared that if she did not attempt to have sex with her long-distance partner when they were together, "there was a sense of disappointing my partner after not being in person for months, though I know he would have respected it. I would have felt disappointed too if I didn't at least try" (#511, woman, age 19, bisexual, USA). Similarly, another woman said, "my relationship was long distance, so I felt pressure to have sex whenever he visited (he did not pressure me into anything, these were my own thoughts)" (#282, woman, age 26, queer, USA). A woman with vaginismus felt pressured to have sex because she thought that the possibility of sex was the only reason that her partner had to visit her:

> I felt pressured to have sex and perform sexually because of the limited amount of time we were able to spend together because of the long distance relationship. I felt if I wasn't doing sexual things for him, what was his incentive to even visit me? (#210, age 25, asexual, USA)

Another participant described how she felt torn between the excitement of seeing her partner again after many months apart and the nervous anticipation her body felt at the possibility of experiencing pain:

> I remember seeing my partner after 8 months of not seeing each other and he started initiating and it felt so uncomfortable because my brain wanted to but my body was bracing for impact *Did you feel any kind of pressure to have sex?* Pressure because of the situation (reuniting felt like it should be special), but not really my partner (maybe but only because He was turned on and so excited and I loved seeing how much he desired me) (#905, woman, age 25, bisexual, Canada).

Another participant stated that “We were in bed that morning and he had come home from an extended time away for work. He was hugging me from behind in bed and rubbing my body. I can usually expect it if he's been away for work for a while” (#200, woman, age 32, heterosexual, USA). Participant 68 described pressures related to COVID-19 and limited social contact as reason why she wanted to take the opportunity to have sex despite the possibility of pain:

> We are in a long distance relationship due to covid. When we are able to be together, the first few days are the most painful and it improves as the week goes on *Were there any reasons you did want to have sex?* Arousal, long distance relationship and not wanting to "waste the opportunity” *Did you feel any kind of pressure to have sex?* Yes, from myself. Long distance relationship and pressuring myself to make the most of it (#68, woman, age 30, heterosexual, USA)

COVID-19 was brought up by another participant, who described meeting up with an out-of-town acquaintance after social distancing for many months:

> I was drinking with an old colleague/friend who I have previously slept with, but don't live in the same city so see fairly infrequently. I knew I could say no but things would be a bit awkward between us and I might look back in regret that I'd missed an opportunity (especially if it was a long time before the next time I had sex). I hadn't had sex in a while and it made me feel a bit more 'cool'. I was also drunk and had a bit of a 'why not' attitude after being cooped up all year due to covid. I liked feeling attractive to someone. I had been staying with my parents for the last couple of weeks and living with my extended family for months, so it was nice to feel like an adult again. (#75, woman, age 28, heterosexual, Australia)

For one participant, having a long-distance partner was not necessary for them to feel the mounting pressure of a rare opportunity. For example, one woman described feeling pressured to engage in sex after only a week apart: “We were excited to see each other after being very busy and not being able to spend time together for a week” (#86, woman, age 24, heterosexual, Canada).

Even though some participants lived in the same location as their partner and saw each other regularly, they may have been limited access to privacy and therefore were restricted to the rare times they had a space all to themselves. For example, a transgender man shared that he and his partner “were home alone and both wanted to use the time so after waking up and kissing it quickly got more heated” (#139, transgender man, age 19, pansexual, partner: cisgender man, Germany). Another woman reported that because she lived with roommates “we hadn't had sex completely alone in the apartment for some time…we were finally alone (one roommate) and figured we should take advantage of the situation to fully enjoy an experience” (#107, woman, age 24, heterosexual, USA). She also noted that if she could not relax and get into the right frame

of mind during foreplay “I knew it could cause the concern in the back of my mind that this opportunity would be wasted if I couldn't relax and just work through the pain to get to the point of being able to fully enjoy it.” One woman who experienced pain with penetrative vaginal sex noted similar concerns about not being able to fully relax unless she knew she had privacy: “Me and my boyfriend had the house to ourselves. We had been seeking an opportunity like this because I can't relax enough for sexual activities when I know someone else is in the house” (#184, woman, age 18, bisexual, USA). Limitations because of COVID-19 were also referenced in relation to limited privacy. One participant reported that she felt pressure to engage in sex when staying at a friend’s house because she had been without a sexual partner during social isolation:

> I had stayed over at his house since his family was gone and the night before we had been drinking with his friends *Other than anticipating pain, were there any other reasons that you did not want to have sex?* I wasn't completely attracted to him at the time. We started as friends before we dated and it should have stayed that way but covid will do that to you sometimes (#500, woman, age 19, bisexual, USA).

Several participants referenced feeling pressured to have sex, despite it being painful, to take advantage of a narrow biological window in order to conceive a child. For example, one woman shared her reasons for wanting sex as “we're also trying for a baby and I want to initiate sex for the reason of procreating” (#238, woman, age 27, heterosexual, USA). For some, this rare opportunity related to ovulation windows: “Positive ovulation test meant it would be time to have PIV sex soon. we're trying to conceive so we need to have PIV sex during the ovulation window. Otherwise [we] engage in activities that don't involve penetration” (#260, woman, age 27, heterosexual, USA). Another participant stated that she “went off birth control to try to

conceive, a bit worried that we'd never manage because we didn't do PiV all that much" (#127, woman, 38, heterosexual, the Netherlands). For others, the pressure was more about getting pregnant while they were still young enough to do so:

> I want to have a baby and feel stressed about my inability to have PIV sex - especially as I get older. It makes me kind of feel like I've failed a bit at being a real woman. It just seems like I'm all alone in this sometimes. It doesn't get talked about so you feel like you are a freak if you can't have sex and get pregnant like everyone else around me seems to (#27, woman, age 36, heterosexual, USA).

For some, conceiving a child was a drawn-out process. One man stated that he had to engage in painful sex for "for 8+ years we tried to have children before we had our first. Sex was a job at times for 7 years" but that he "tried to not discuss it so I wouldn't sound whiny" (#81, age 56, heterosexual, partner: woman, USA). He pushed himself through painful sex until he "cramped or thought I was going to have a stroke." Of course, having children can also limit your opportunities to engage in sexual activity. One woman reported that she wanted to engage in sex despite it being painful post-childbirth because "with a newborn, couple time is hard to come by. I wanted the intimacy" (#277, woman, age 31, heterosexual, USA). Similarly, one woman shared, "I feel pressure from myself to have sex when we have the chance because we have 4 kids between us and our time alone is limited" (#63, woman, age 36, heterosexual, Canada).

Finally, some participants reported feeling pressured to take advantage of a rare offer for sexual activity from partners who were not typically as interested in sexual activity as they were. Desire discrepancies within relationships are some of the most common areas of sexual difficulty for couples and those who experience pain during sexual activity were no different. Although it might seem counterintuitive that the person who experienced pain during sex was the individual

who had a higher sex drive, as we saw in the "Wanting Sex for Its Own Sake" theme, there are plenty of individuals who still gain pleasure from sexual activity, despite the presence of pain. For example, one woman shared that

> I felt pressure from myself because there's always a chance it could be very enjoyable, and I can't bring myself to turn down an opportunity. We have sex way less frequently than I'd like, so I'll usually take anything I can get. I thought there might be a possibility of enjoying myself enough for it to be worth it. (#71, woman, age 30, heterosexual, USA)

One man who experienced genital and pelvic pain also noted that he felt pressured to accept the opportunity for sex from his partner, despite it likely causing pain: "I don't want to say no. Feel like if it is offered I should take it" (#459, man, age 45, heterosexual, partner: woman, Canada). Another man stated that if he did not engage in sexual activity "I would probably have thought about a missed opportunity" and that he felt pressure "when my wife comes on to me yes but I think that is because I don't want to let those opportunity get away" (#855, age 38, bisexual, partner: woman, USA). Similarly, this man who experienced genital pain shared that,

> I never say no to my wife as we have sex less often than we'd want to (2-3 times a week instead of almost everyday). Also she has been pregnant in last year and we had a period where we didn't have sex for a long period. So I feel saying no to her would be letting her down. *What did you think would happen if you did not have sex?* I would rue the missed opportunity and would keep overthinking the whole time whether I should have had sex instead (#105, man, age 28, heterosexual, partner: woman, India).

Following a Routine or Schedule. Participants also reported situation pressure from the need to adhere to a particular routine or agreed upon schedule for sex. Responses were coded within this theme if participants mentioned wanting to adhere to a particular timeframe or routine

in which sexual usually occurred within the relationship, having scheduled date nights, or feeling pressure from other planned occurrences for sex.

For those experiencing sexual difficulties or chronic medical conditions, scheduling times for sex can be one way for them to make sure that sexual activity happens at an ideal time and frequency. It can also give individuals advance time to prepare themselves for sexual activity, whether that involves taking certain medications, stretching, choosing a time of day that will allow them to be as prepared as possible, and so forth. When such predetermined times for sex were mentioned by participants in their responses, some felt that they should stick to their routine even if they felt concerned about pain. For some, this revolved around the times they scheduled to see partners they did not live with. For example, on participant stated "We would see each other once a week and sex was supposed to happen" according to this schedule (#52, woman, age 33, heterosexual, Bulgaria); another wrote that "My partner and I didn't live together, and so there was an implicit assumption when I'd come over to his place for the weekend sex would occur" (#69, woman, age 29, bisexual, Canada). One woman noted that the reason she knew her partner was interested in sex was because it followed their usual pattern:

> My partner and I would spend the night together about twice a week, and it was always anticipated that we would have sex/that he would want to have sex. *How could you tell your partner was interested in sexual activity?* It was our routine. (#585, age 34, bisexual, Canada)

Other noted that if they did not intentionally set aside time in advance, there would be no sex in their relationships: "We schedule it out beforehand due to busy schedules" (#201, woman, age 19, bisexual, USA); "My partner and I decided to have sex (we plan/schedule it after date nights because we struggle to make it happen spontaneously)" (#174, woman, age 26, bisexual, UK).

For others still, scheduling sex was about regaining sexual intimacy within the relationship: “We have been trying to have a "date night" every weekend, where we prioritize intimacy. This is an attempt to get back to having sex more regularly, and just to spend quality time together” (#890, woman, age 38, pansexual, USA). One transgender man noted that scheduling his sexual activity in advance actually helped relieve some the concerns he had about painful sex:

> my partner and i had planned to have sex that weekend (we live apart and we have found that planning in advance can help with anxiety) and we had discussed the possibility of him performing oral sex on me. (#164, age 21, bisexual, partner: transgender man, USA)

However, for other individuals, having a set time for sex caused building anticipation and anxiety that increased pressure and took away from the sexual experience. A woman who experienced genital pain shared that,

> We had been having sex much less frequently so tried to schedule sex out. I was getting anxious leading up to the event because I thought it would hurt *Did you feel any kind of pressure to have sex?* Yes but only from myself and the situation. The situation because we had set that time aside to have sex and myself because I wanted to please my partner. *What ended up happening in this situation?* We had sex and it hurt and I made sure it was in doggy style so he couldn't see my face from it hurting. (#204, woman, age 23, bisexual, USA)

Special Occasions. Participants also reported situational pressure from special occasions that fit personal or cultural scripts regarding sexual activity. These occasions came with an implicit or explicit association that the appropriate way to commemorate these events was to engage in sexual activity. As a result, participants reported feeling pressure to live up to these standards even if they thought that sexual activity would result in pain. Responses were coded

into this category if participants mentioned certain recognizable occasions as the reason they felt they had to have sex, such as birthdays, anniversaries, honeymoons, vacation, romantic holidays, or being on a date.

Some participants mentioned feeling pressured to engage in painful sex because they were on vacation. Given that vacations are often viewed as special occasions meant for relaxation, reconnecting with significant others, and "getting away from it all," these participants sometimes felt that such an occasion meant that sexual activity was expected. For example, one woman noted how the relaxing environment of her vacation helped put her partner into a more sexual headspace:

> We were on vacation and having a great time, enjoying each other. The stress level was really low and she seemed more relaxed than usual, more romantic and such. For many days we had been more intimate in body language and closeness. That day we were making out in the outdoor shower which is a sexy kind of setting... that's how I knew she wanted to have sex…. We hadn't had sex in a while and things had been stressful so this was a good moment that was happening on vacay (#7, woman, age 38, queer, partner: woman, USA).

However, this woman was concerned about her partner initiating sex that generally was not enjoyable for her:

> I was concerned as I always that she would want to reciprocate sex and finger me and I'd have that usual buzz-killing experience of trying to tolerate her efforts for a while (I try to be patient and give her a chance to figure it out and I try to be open to the idea that it might not hurt or might be at least interesting feeling, as it is sometimes)... but I'm always

> worried in the back of my mind that I'll have to redirect her and then her feelings will be hurt.

Another participant wrote that she categorically avoided vacations because of the expectation of sex from her husband while they were away: “Husband only wants penetrative sex, which leaves me in such severe pain I can barely sit down. Haven't been on holiday for years because he expects sex and the return journey got too painful” (#211, woman, age 57, heterosexual, USA).

Several participants mentioned birthdays as another special occasion that seemed to imply that sexual activity was expected. For example, one woman wrote that she felt she should engage in sex, despite concerns of pain, because “It was his birthday and I wanted to surprise him with sex” (#112, age 21, bisexual, UK). Another participant reported that “we went out for his birthday and having sex after seemed likely” and that while she did not want to engage in sexual activity because “we only did it a couple times before that so I wanted to take it slow but since it was his birthday I felt he deserved to have sex” (#121, woman, age 25, heterosexual, unknown). Participant 211, who avoided vacations due to expectations for painful sex, also noted that her husband expected sex on other special occasions as well, such as “his birthday. He always expects sex on that day and reminds me during the day… I give in on his birthday and our anniversary, as well as a couple of other times a year” (#211, woman, age 57, heterosexual, USA).

Arguably one of the most sex-oriented special occasions is the wedding night. Several participants reported feeling intense pressure to engage in painful sex on their wedding nights in order to fulfill both their new expectations as wives and cultural expectations to consummate the marriage. One participant with endometriosis reported experiencing so much pain during any kind of sexual activity that “even on my wedding night we couldn't have any sexual activity due

to the pain" and harbored significant guilt about not being able to "provide any sexual satisfaction unlike most women can do without a second thought" (#826, woman, age 24, heterosexual, UK). Another participant reported feeling pressure because "I love my husband very much, it's the first time we were having sex as a married couple, I find him very sexy and I want to have sex with him but I'm always just afraid of it hurting" (#276, woman, age 28, heterosexual, USA). One woman shared that she felt she had to have sex because "It was expected due to the fact that it was our wedding night… I wanted to consummate my marriage with my husband and I wanted everything to be alright" (#180, woman, age 27, heterosexual, USA). She went on to describe the pressure to engage in sex that night as follows:

> My husband and I had been together for such a long time and were very emotionally close. Sex, however, has long been scary and mysterious to me, so I was afraid that my inability to enjoy sex would destroy our relationship. Thus I felt not only pressured to have sex but also to enjoy it immensely.

Another woman shared that the special occasion that caused her to feel pressured into painful sex was on the honeymoon shortly after her marriage:

> We had been married for 5 days. We had several sexual encounters prior to this situation, but stopped short of penetration sex. It was assumed that we would be attempting sex within this week, as we were on our honeymoon. We had talked about having sex as well. Prior to this, I had experienced pain inserting tampons. Manual simulation also caused a burning type pain. I was concerned that my husband's penis was larger than a tampon and would be similarly painful or worse…My husband obviously was Sexually attracted to me and wanted to have penetrative sex badly. I wanted very badly to be able to have sex with my husband. And we were on our honeymoon and were unable to have penetrative

> sex, so there were societal and cultural expectations (#265, woman, age 28, heterosexual, USA).

While perhaps not as culturally codified with sex as the wedding night or a honeymoon, dates were also reported as a source of situational pressure to engage in sexual activity. Sometimes these dates involved culturally relevant romantic cues that were meant to signal a person's interest in sexual activity and try to get both parties in the mood. One woman wrote that,

> right after we got married, i had created a space to try to set the mood. i was still thinking maybe i just hadn't allowed myself to be fully comfortable or turned on, i wasn't really thinking yet that [pain during sex] could be something i needed treatment for. i decorated the house, put on lingerie, and was ready when he came home (#18, woman, age 24, bisexual, USA).

By using external cues to try and create a more sexual headspace for themselves, these participants also changed the environment to make sex seem more likely, which may have in turn increased the pressure they felt to engage in sex. Rather than successfully creating pleasurable experience for themselves, however, they only managed to create further expectations to carry on with the sex that they felt they should have. One individual stated that while they were likely somewhere on the asexual spectrum, they were in a relationship with an allosexual man who desired sex. After extensive communication and negotiation about how they would sexually interact with one another,

> I put on lingerie, and decided to kiss him and turn him on and maybe even turn myself on. It didn't really work for me. He was getting revved up, but I was still 100% clinical. I remember thinking about if this had gone on for long enough, how much more did I have

> to do, and the looming reality that sex was imminent and I needed to brace myself. The thing is, I enjoy making out with him when there's no expectation that it will turn into sex. When there is that expectation, it all becomes a matter of steeling myself to endure what's about to happen to me (#41, genderqueer/nonbinary individual, age 22, asexual, partner: male, USA).

Another woman described a similar experience of self-spectatoring and performing for one's partner for a special occasion. Because it was Valentine's Day, she reported setting up a virtual date with her partner. She described that as

> [t]hings progressed to the bedroom for webcam sex…We decided to masturbate on the video call so we could each watch. I was inserting my various physical therapy vaginal dilators in and hoping that it wouldn't get painful to be slowly thrusting my larger dilators…. He wanted me to moan, so I did even though I wasn't feeling any pleasure. I felt like it was a bit of a performance (#354, woman, age 25, bisexual, USA).

This response demonstrates how even in virtual spaces, where no physical contact with another person is required, the pressure to provide penetrative sexual activity for one's partner can still be present.

Sometimes, cues for physical and emotional intimacy were mistaken by a partner as cues for sexual interest, as was the case for one woman with endometriosis. She reported setting a relaxing, intimate space for her and her partner to intimately but non-sexually reconnect, but that this special occasion was interpreted by her partner as an invitation for sex:

> My boyfriend had recently expressed that he was struggling with the lack of intimacy caused by the pain I felt during sexual activity. I decided one day to draw a bath, light some candles and get a bottle of wine for us to relax together after a long day and

> hopefully feel closer to one another. He began touching me sexually…This time was worse as the purpose of the bath was to rebuild intimacy and closeness and I felt it was my fault for letting him down as I should have known the set up would excite him sexually (#137, woman, age 23, bisexual, UK).

Although some dates appeared intentionally scheduled to address a deficit of sexual activity in a relationship, other dates seemed to cause pressure for more generalized reasons such as wanting to get to know a new partner or have a special evening with a significant other. Given that dates are often considered a prelude to sexual activity, some participants seemed to feel that by going out on dates with others, they had to follow through with these implied intentions. For example, one woman reported quite simply "I felt pressure from being on the date," specifically a casual date with someone she met from a dating app (#212, woman, age 22, heterosexual, Canada). Another woman described a similar situation in further detail on why she felt pressured from this special occasion:

> I met with someone off of tinder and we planned to meet up and have some drinks at his place-- with the subtext of probably having sex if we got along well. *Did you feel any kind of pressure to have sex?...*I also felt like I had signed up for this so to speak, and since we were pretty open with our intentions just to sleep together, I felt like I had to follow through. *Did you let your partner know that you were worried about experiencing pain?* No, I didn't. I didn't want him to feel like I was reneging on what I was interested in doing, and I also still wanted to have sex with him. (#543, woman, age 21, bisexual, USA)

Societal Pressure

The final category of pressure to engage in painful sexual activity that participants reported was societal pressure. These themes referenced influences from macro-level sources such as media representation, religious beliefs, and widely held cultural beliefs about sex and relationships that informed participants' decision making about potentially painful sex. Participants sometimes referenced these influences by specifically naming their source, such as media, society, or a Christian upbringing, while other participants referred to these beliefs in a plain, prescriptive manner by simply stating how certain things are or should be done as if it were common knowledge or long-held tradition.

Cultural Norms About Sex or Relationships. Some participants referenced cultural norms about sex and relationships as the source of their pressure when making decisions about engaging in potentially painful sex. Responses were coded in this theme if participants referenced cultural influences about what one should do during sex or in relationships as part of their decision-making process. This could follow two different formats. Some participants explicitly referenced "culture," "society," or specific cultural institutions such as the patriarchy as the origin of a certain belief to which the participant felt they had to adhere. Alternatively, responses were included if participants used broad, prescriptive language to describe certain standards (i.e. "it is what you are supposed to do") or described certain behaviors as "normal," "healthy," or "expected" without referencing the origin of that belief.

Participants who referred to cultural norms regarding sex described various standards they felt they had to live up to when engaging in sexual activity. For example, this non-binary individual with congenital pelvic floor dysfunction, severe vaginismus, and autonomic dysfunction described how they felt

> pressure from society, because society is obsessed with sex and orgasms to the point that the words “pleasure” and “intimacy” are inextricably linked with sexual activity and most people think that a sexless relationship is inherently dysfunctional and doomed to fail. (#141, age 22, heterosexual, USA)

This individual’s observation is astute given other participants within this study who felt pressured to have painful sex to prevent their partners from leaving a “doomed, sexless” relationship. Additionally, they remarked upon the societal tendency to assume that intimacy is synonymous with sexual activity, that intimate acts are typically preludes to sexual activity and do not have value on their own, and that one can only be intimate with those who you have sex with. Participant 115 commented upon the types of perceived societal approval he would have received if he engaged in penetrative sex, despite it being painful: “If things had gone well, it would be a great ‘upgrade’ -- hooray, we can do it, my body works the way it's supposed to, we've done the sex the way the world says we should” (#115, transgender man, age 20, bisexual, Canada). It is interesting that even in an individual who was gender diverse and did not fit the typical cisheteronormative standards in which these societal beliefs are often based, the pressure to conform to these standards was still strong enough to play a role in this individual’s sexual decision making. When referring to standards about having sex “the way the world says we should,” it may be that this individual was referring to a belief that stemmed from being culturally raised as a woman at earlier stages of his life and which still hold some sway over how he conceptualized certain types of sexual activity. One 29-year-old woman felt pressured to engage in painful sex in defiance of a specific cultural belief about women rather than adhering to it:

> I was young and had insecurities that were more generally created by society, than explicitly informed by my partner. For example: I was faking orgasms all the time back then. This was a combo of a coping mechanism from a previous abusive relationship, cultural ideas about how IMPOSSIBLE it is to make women orgasm, and wanting my partner to feel like he was doing a good job" (#69, woman, age 29, bisexual, Canada).

She felt that by pushing through sex, despite the possibility of pain, she might have been able to disprove this stereotype about women having complex, mysterious sexualities.

Cultural norms about "normal" or "expected" relationship standards also held sway over some participants' sexual decision making. For example, one woman who was concerned about genital pain described reframing her thoughts around providing sexual activity, despite it being painful, to better align with normative standards about how tradeoffs in relationships should function:

> I just tried to tell myself that it wasn't a big deal and compromise was normal in a relationship. He liked morning sex, and I liked it better at other times. Since we had it at other times often, doing it in the morning too seemed fair. (#291, age 28, bisexual, USA)

For this woman, compromising on painful sex was deemed acceptable since compromise is considered to be a part of "normal" relationships. Since she got to have the sex she liked at other times, she could accept sex that was less comfortable for her at other times. However, she seemed to describe a different outlook when describing the long-term effects of pain on her relationship. Rather than coming to a compromise about sexual activity, she said that if she wanted to have a relationship, she would just have to accept that pain was a part of it: "I thought for a long time that I didn't have a choice, that if I wanted to be in a relationship I had to accept that sex would be painful sometimes." While compromise is often necessary in relationships, it is

curious that the compromise this individual describes is not about finding other mutually pleasurable sexual activities that do not cause pain; rather, it seems to be about making compromises about her own physical comfort and accepting the fact that if she wants to continue this relationship, she must sometimes engage in painful sexual activities.

Other individuals who referred to cultural norms about relationships described how engaging in sexual activity is part of a "healthy" relationship. While the term "healthy" seems on the surface to be a straight-forward, non-controversial label for relationships and behaviors, this too can be tied to cultural norms rather than objective standards. For example, one woman with PCOS shared that her reason for wanting to engage in potentially painful sex was because "I want us to experience this in our relationship as a sex life is extremely important and it is a big part of a healthy relationship" (#295, age 26, heterosexual, Canada). The use of the term "healthy" to describe one's motives for engaging in painful sex in the context of someone with a diagnosed medical condition that contributes to painful sex seems counterintuitive here; it would seem that it is not healthy to sacrifice one's bodily integrity in order to meet cultural standards of sexual "normalcy." She noted, however, that "a sex life is extremely important" for "healthy" relationships, which speaks to the level of cultural significance that a sexually active relationship has. For some, it seems that painful yet regular sexual activity is considered "healthier" than abstaining from sexual activity, or at least avoiding painful activities, in a committed relationship. Another woman described how sex was painful and unenjoyable with her male partner prior to coming out as gay. Before that realization, however, she felt that she should engage in sexual activity because that is what partners in a healthy relationship do together: "I engaged in sex with my then boyfriend/spouse because I felt I was supposed to have sex with him. That was part of what was required of being in a 'healthy and loving' relationship" (#264,

age 56, queer, USA). This belief that a healthy relationship requires sexual activity was strong enough to keep her in this relationship for several decades, as she noted how

> this often took place during my 23 year relationship with my male boyfriend/spouse. We had a cycle we went through. We would have sex after not having sex for a few weeks. He would start dropping hints; would start getting physically affectionate. I always felt like there was pressure building up as I knew we hadn't had sex and that it 'needed' to happen.

Participants sometimes compared themselves to a normative reference group when explaining why they felt pressured to engage in painful sexual activity. These statements often involved comparisons between what they believed most people typically do in relationships or during sexual activity and what they thought were their own personal shortcomings in those areas. For example, a woman who experienced pain during vaginal penetration reported feeling pressured to have sex because "I hear how everyone enjoys sex and it makes me so uncomfortable," noting that "this [discomfort] isn't because I'm a prude I used to be an exotic dancer and enjoyed sex" (#367, age 28, pansexual, Australia). Another woman described how she felt pressured into anal sex because she believed that most people engage in this sexual activitiy with little to no difficulty: "I felt like most people are willing/able to have anal sex, at least with some build up and stretching beforehand. So I felt I would eventually be able to get past the pain" (#113, woman, age 23, heterosexual, USA). Another woman described how her inability to engage in sex without pain made her feel like she failed at being both a woman and a human being:

> Kind of makes me feel like a failure (even though logically I know that is ridiculous and not true!) because sex is portrayed as something everyone is supposed to do as a human

> and i must be broken somehow… More broadly I feel like this is something that many women experience but no one talks about, and because it's not talked about it makes me feel like a failure because sex is supposed to be something everyone can do! (#468, woman, age 25, bisexual, USA).

This woman seemed to define both womanhood and personhood by one's ability to engage in certain kinds of sexual activity, a belief that is contributed to in part by the overall lack of discourse surrounding painful sexual activity. In such a vacuum, the dominant cultural narratives about normative sexual behavior can fill in the gaps, serving to create a sense of isolation and otherness for those who experience sexual pain. Another woman with endometriosis and vaginismus described how her experiences with sex were so starkly contrasted with those of her peers, she felt deficient at what she considered was a basic human ability:

> For a while I felt like I was defective. Other people talked about how great sex was, while I had to shove my head into a pillow to muffle my screams. Having sex seemed like such a basic human activity and I couldn't do it without extreme pain. That led to some issues with my self-worth. (#286, woman, age 24, heterosexual, UK)

Some participants noted that their decision making about painful sex was influenced not by what they felt most others did, but by specific cultural beliefs that normalized pain during sexual activity or penetration. For example, one woman described how during painful sexual activity, "I felt as if I was expected to grin and bear it. It wasn't pressure from my partner, but rather the idea that sex is just supposed to hurt sometimes that is common in western culture" (#191, woman, age 34, pansexual, Canada). Another participant wrote that "I was not actually consciously afraid of pain (my culture is very sex-negative so I did not take the pain associated with tampon use seriously enough, and even thought that it was normal since no one talked about

this sort of thing)" (#180, woman, age 27, heterosexual, USA). Disregarding the early warning signs about pain was also referenced by this woman with endometriosis:

> Today, I'm free of aversion, pain, fear and shame and happily engage in sex. Ignoring those early signs and symptoms are a bad idea. Growing up you hear about how the first time hurts. Nobody told me how sex can hurt later too. (#108, woman, age 48, heterosexual, USA).

This participant pressured herself early on to disregard her pain during sexual activity due to the cultural belief that losing one's virginity is typically painful for women. She continued engaging in painful sex, perhaps thinking that one day it would resolve on its own. However, by ignoring the pain she felt, she may have inadvertently contributed to her aversion, fear, and shame around sex and even delayed seeking treatment for her endometriosis.

Media Representation. Several participants specifically referenced media as the source of their beliefs about normative sexual behavior. These normative beliefs about what "most people" do during sex contributed to their sense of pressure to engage in painful sexual activity. Responses were coded in this theme if participants specifically referenced media, either generally or in specific formats, as providing depictions of normative sexual behavior.

Several participants referenced particular depictions of women in media as the source of their pressure to engage in sex, despite concerns of pain. One woman reported that she felt pressure to have sex because "women are portrayed to enjoy sex and I feel pressure to do this" (#104, woman, age 26, heterosexual, UK). Another participant noted how the lack of representation she felt in media contributed to her pressure surrounding painful sex: "I think I had so many misconceptions about sex from of course how it is portrayed in our society and in media. It can make you feel very ostracized when that doesn't end up being your experience"

(#67, woman, age 36, heterosexual, USA). Another woman described feeling as if everything she saw in media supported the idea that you are supposed to have sex with the person that you love, regardless of the personal cost:

> When you don't live up to a partner's expectations it feels like the entire world is totally obsessed with sex and virtually everything you see and hear in the media serves as a reminder that you are failing the person you love. (#211, woman, age 57, heterosexual, UK)

She also noted that earlier in relationship, she held the belief that wives are supposed to have sex with their husbands, which was an additional source of pressure to engage in sex despite the pain it caused:

> I felt I had no option not to [have sex]. But I also thought when I got married that wives should have sex and I was already failing him by being unable to as frequently as we had been before our kids were born.

Other participants felt pressured by more modern beliefs about sex. While beliefs about 21st century sexuality, such as sex positivity and female sexual empowerment are currently popular in the West, these concepts can sometimes be interpreted as just setting a new standard that many people fall short of. Some have interpreted these movements to mean that truly empowered sexuality equates to more frequent, complex, or even kinkier sex rather than discovering what aspects of sex and sexuality work for each person as an individual. For example, when describing how she felt about female sexual liberation, one woman said,

> I felt pressure from myself to have sex, probably because society and media [emphasizes] the importance of sex. I felt that if I wasn't having sex then my relationship wasn't a real or valid relationship. Also because having sex is seen as something empowering

> especially in the past few years. As a feminist I [recognized] the importance of sexual liberation but I failed to have compassion for my personal situation and felt like I was somehow less empowered for not having much sex or not enjoying it as much [as] I expected. (#219, woman, age 22, heterosexual, USA)

Because some felt that female sexual empowerment has come to mean, at least on a superficial level, that more sex is better, certain individuals felt like they were unable to live up to this modern standard. Another woman also referenced seeing women gain a sense of empowerment from engaging in sexual activity and having this standard cast doubt upon her own sexuality:

> "I've struggled with my self image and have constantly worried about in the future when I want children. Will it always be this way? Movies, music, and media constantly show women being powerful by using their bodies and having intercourse. I've felt like I cannot be described as "sexy" or even lovable because sexual intercourse can be so painful (#305, age 23, bisexual, USA).

Religious Pressure. The final type of societal pressure that participants reported experiencing was religious pressure. Some participants referred to religious influences as the reason they felt pressure to submit to painful sexual activity. Responses were coded in this category if participants mentioned religious teachings, upbringing, or communities that taught them certain standards or expectations about sex or relationships.

One woman who experienced pain with vaginal penetration reported that her faith as a Christian influenced her perspective on what aspects of sex were important to fulfill. She said that she wanted to engage in sexual activity, despite the pain it might cause, because she "wanted to please my partner and feel close to him and build intimacy. PIV sex is important to us. We are Christians and think it is an important part of sex" (#16, age 49, heterosexual, UK). For this

woman, the coital imperative was not just a cultural standard; it was codified within her religion and as such was an important standard to fulfill. Another woman with provoked neuroproliferative vestibulodynia described feeling similar pressure to engage in penile vaginal intercourse from her religion. When asked if she felt pressure, she replied,

> Of course! Especially because the Christian message I received was that sex only counts if it's intercourse! I felt a lot of pressure from society. Not feeling like a real woman. Not being able to give my husband what he wants. I would often cry when sexy songs came on the radio. Everything was triggering for me (#365, age 28, heterosexual, USA).

For some participants, religion could also limit how much information they received about sex in general. One woman described an earlier relationship with someone who abused his power to force her into sex. She described how because of her religious upbringing, she did not believe she had any alternative:

> I had been raised in a very sheltered religious household that didn't provide sex ed so I had no experience and no autonomy and thought sex was a requirement. *Did you feel any kind of pressure to have sex?* Pressure from partner: He was my manager. He would whine and bully and coerse me if I said I wasn't in the mood. He was a foot taller than me and very strong.(#70, woman, age 28, bisexual, USA)

In addition to feeling as if her religious upbringing limited her knowledge and capability to handle this relationship, she also shared that her religious beliefs dictated how many sexual partners it was appropriate to have. Because of this belief that she should not have multiple sexual partners, she felt like she had to stay with this individual:

> I was really physically attracted to him and having only recently left a religious background I thought having multiple sexual partners would be "slutty" I thought I was

> stuck with him. I personally put pressure on me to make a relationship work because I really wanted to only have a small number of sexual partners, and because I thought that I should just take whatever man God gave me.

For these individuals, engaging in sexual activity, despite the presence of pain, allowed them to feel like they were fulfilling important expectations set by their religious beliefs. Going against these beliefs may have been a more unpleasant prospect for them than just bearing the pain of sexual activity.

Discussion

The purpose of this study was to explore the experiences and sexual decision-making processes of individuals who experience pain with sexual activity, specifically focusing on the sources of pressure individuals report experiencing to engage in painful sex. Among participants who experienced pain during sexual activity, the most common types of pain were genital, pelvic, and abdominal pain, and most experienced more than one type of pain. Most participants reported pain with sexual activity more than 70% of the time, with more than a quarter of participants reporting pain nearly every time they engaged in sexual activity. Participants were more likely to continue engaging in sexual activities, despite the presence of pain, than they were to selectively avoid painful sexual activities. The more often pain occurred during sexual activity, the less often they engaged in sexual activity with their partners. This correlation was statistically significant for women and gender diverse individuals but not for men. The effect size of this relationship was of similar magnitude for men (-.24) as for women (-.21), but because of the small number of men than women in the sample, this study was underpowered to detect a statistically significant relationship for men.

This study also found that individuals who experience pain during sexual activity are faced with a variety of pressures to have sex, despite the possibility of pain. These pressures came from the individuals themselves, from their partners, from situational elements and from cultural and societal influences. Some sources of pressure centered around meeting specific standards or expectations, such as achieving a particular self-label, maintaining a relationship, sticking to a routine, commemorating a special occasion, adhering to cultural norms about sex and relationships, or fulfilling expectations put forth by media or religion. Other sources of pressure were based in providing or experiencing a particular emotional or physical experience, whether it was wanting to have sex for its own sake, managing partner emotions or expectations, taking advantage of a rare opportunity, or avoiding partner dissatisfaction. Certain sources of pressure seemed to be a combination of both meeting standards and wanting to attain a specific experience, such as maintaining prior levels of sexual satisfaction, exerting control over one's body, and partners discussing a lack of sex in conversation. Finally, some sources of pressure were based in power dynamics or a loss of autonomy, such as partners acting or initiating sexual activity before the participant could say yes or no, partners disregarding participants' reports of pain, partners threatening to terminate a relationship, or partners becoming angry, making accusations, or threatening harm.

The need to meet standards and expectations cut across self-pressure, situational pressure, and societal pressure themes. Some responses in these themes centered around a need to meet certain expectations about one's own identity, such as the desire to feel desirable, fun, normal, or the need to avoid feeling inadequate or broken. Other responses described feeling pressured to meet certain relationship expectations, such as the concept that worthwhile relationships feature regular sexual activity or that the only reason a partner might be interested in someone is because

they have a sexual relationship. Additionally, situational factors could also contribute to certain expectations, such as feeling the need to have sex because a schedule or routine dictated that it was time to do so or because certain special occasions had personal or cultural associations with sexual activity. Societal pressure is arguably the theme that most strongly featured expectations and standards regarding painful sexual activity. Individuals referenced a number of standards about what it means to be in a "normal" or "healthy" relationship, what it means to be sexually empowered, whether it is normal to experience pain with vaginal penetration, and the overall value of penetrative vaginal sex. In order to meet these standards and expectations, individuals experienced pressure to opt into sex, despite the physical toll it might have on them.

Other sources of pressure to engage in painful sexual activity related to attaining a particular emotional or physical experience for oneself or one's partner. Again, this goal cut across various types of pressure. For example, the self-pressure theme of wanting sex for its own sake is the most straightforward example of this concept. Individuals felt the need to experience sexual satisfaction or emotional intimacy for themselves and felt that they were willing to make a trade-off between possibly experiencing pain and achieving these desired emotional and physical states. Situational pressures such as taking advantage of a rare opportunity centered around the time-limited pressure to capitalize on a fleeting opportunity to experience sexual connection, whether due to limited privacy, access to a partner, or a limited window to become pregnant. The self-pressure theme of managing a partner's emotions or expectations also featured elements of attaining a particular emotion or experience, specifically centered around one's partner. Participants felt pressured to either provide their partners with positive emotional experiences, fulfill their expectations around sex, or prevent them from feeling disappointment, sexual frustration, or low self-esteem. Additionally, participants may have felt pressured to avoid the

unpleasant emotional experience of having a partner express dissatisfaction regarding a lack of sexual activity. For these individuals, the particular emotional or physical experiences they hoped to attain held as much, if not more value as avoiding physical pain, which may have contributed to a feeling of conflict, pressure, and ambivalence about engaging in sexual activity.

Some sources of pressure featured elements of both identity- and experience-based goals. For example, the self-pressure theme of maintaining prior levels of sexual satisfaction reflected a desire to both have a particular type of physical experience, such as sexual satisfaction, as well the desire to meet a prior standard of sexual activity or regain one's identity as a sexual individual. The partner pressure theme of one's partner bringing up a lack of sex or intimacy in conversation featured similar concepts. Individuals felt pressured to both provide their partner with sexual satisfaction or intimacy and as well as fulfill relationship expectations. Additionally, the self-pressure theme of exerting control over one's body involved individuals wanting to experience sexual pleasure or certain kinds of sexual activity while also wanting to avoid feeling like their bodies were dysfunctional or somehow sabotaging their efforts to have sex.

Certain types of pressure were created by individuals' lack of autonomy in sexual situations or the use of power dynamics by their partners. These sources of pressure were exclusively partner pressure themes, rather than being created by internalized pressure or situational elements. For example, participants experienced a loss of autonomy to make decisions about potentially painful sex when their partners initiated sexual activity before they had time to respond. In these instances, partners began sexual activity before individuals could decide one way or the other about participating. As a result, these individuals reported feeling as if sex was happening "to them" rather than "with them," or that sexual activity had to be opted out of rather than opted into. For these individuals, once sexual activity had been initiated, the effort it would

take to stop painful sexual activity from happening was greater than it would take to just allow it to happen. Even when individuals did express their concerns about pain, some partners disregarded these concerns and continued with sexual activity anyways, again resulting in a loss of autonomy. Some participants even reported feeling "used" or like their preferences and boundaries regarding sex did not matter to their partners. Other partners leveraged power dynamics within their relationships and threatened to leave altogether, potentially leaving individuals with reduced social, financial, and emotional support. Although individuals technically had a choice in such a scenario, the loss of significant stability and resources may have been such a steep price to pay that their choice was all but made for them. As a result, individuals reported feeling afraid for their futures, reduced to a sexual object, or made to feel powerless and insignificant because their partners placed their sexual satisfaction above their bodily autonomy and/or overall stability.

Despite the wide variety of types of pain reported by participants, there were considerable similarities across types of pain in terms of pressure to engage in potentially painful sex. While some types of pain seemed to provide unique challenges, many individuals seemed to feel that experiencing some type of impediment to sexual activity prevented them from accessing an important aspect of themselves. They felt pressured to achieve certain experiences or live up to certain sexual standards that they, their partners, or society held as important and struggled to find ways to achieve these goals in ways that did not take a physical toll at the same time. While some participants described pressures that placed them in a double-bind, such as wanting to avoid physical pain and also wanting to avoid relationship discord, other participants seemed to genuinely want certain aspects of sexual activity, despite the possibility of pain. These types of pressure were less like having to choose between two unappealing options and instead were

closer to a cost-benefit analysis: accepting a less desirable aspect of sex in order to gain a more desirable outcome.

Theoretical Support

Sources of Pressure and Social Coercion

While this study differentiated between different sources of pressure, it is difficult to definitively say that pressure originated from any single source. For example, several sources of self-pressure such as desiring a positive self-label, avoiding a negative self-label, exerting control over one's body, and maintaining prior levels of sexual satisfaction can at least partially be attributed to societal pressures as well. While individuals may have phrased these pressures in ways that indicated the pressure was coming from themselves, individuals do not start life holding such standards and expectations. Rather, they learn the social value of certain labels from broader cultural influences and then internalize such standards for themselves, which is then perceived as self-pressure. Some types of partner pressure could also be reflective of individuals experiencing societal pressure, such as expectations surrounding valid, "normal" relationships or the coital imperative.

Some responses in self-pressure categories, such as managing partner emotions and expectations and maintaining the relationship, may be reflective of prior experiences of partner pressure. Conroy et al.'s theory of social coercion states that even in scenarios where there is no overt partner pressure to engage in unwanted sexual activity, individuals may choose to engage in unwanted sex to prevent a negative reaction from their partner. For example, Conroy et al. found that approximately half of their sample reported engaging in unwanted sex to avoid upsetting their partner or getting into an argument (2017). It is unknown how many participants in this study who reported self-pressure to engage in painful sexual activity to prevent a partner

from becoming frustrated, disappointed, or even angry had experienced these reactions from their partner in the past. However, there were several participants in the partner pressure: expressing dissatisfaction theme that referenced *prior* negative partner reactions when they declined sex and citing that as a *current* source of pressure to have painful sex. It is certainly plausible then that at some participants who were coded in the self-pressure theme felt pressured by prior negative partner reactions. Overall, given the ambiguous, complex interplay of these factors, the categories of pressure in this study are not meant to be rigid, mutually exclusive descriptions but simply a reflection of how individuals conceptualized their source of pressure in their responses.

In addition to prior negative partner reactions as a current source of pressure, other aspects of our findings are supported by Conroy et al.'s study of sexual acquiescence. Their study featured several motivations for engaging in unwanted sexual activity that overlap with the pressures to engage in painful sexual activity that were reported in this study. For example, approximately 80% of their sample reported engaging in unwanted sex to promote partner pleasure (2015), which fits with our self-pressure theme of "managing partner's emotions and expectations." Conroy et al. also reported that participants commonly engaged in unwanted sex to avoid upsetting or getting into an argument their partner (2015), which overlaps with both the self-pressure theme of "managing partner's emotions and expectations" as well as the partner pressure theme of "expressing dissatisfaction." Another common motivation in Conroy et al. was to prevent one's partner from losing interest, which parallels our self-pressure theme of "maintaining the relationship."

Conroy et al. also found that exposure to popular media predicted sexual acquiescence in their sample of undergraduate women (2015). Participants in our study described similar

influences in several of the societal pressure categories in this study, such as media representation and cultural norms about sex and relationship. Although Conroy et al. referred to "popular media," such as mainstream magazines, TV shows, and movies, as the source of media influence, (2015), several of our participants noted that certain feminist or female empowerment-related media caused them to feel pressure to engage in painful sexual activity. It may be that even sources of media that are supposedly less mainstream and that promote female sexual liberation can still communicate social ideals and gender norms that can create pressure to engage in painful sex.

Sexual Care Work and Lack of Partner Pressure

The findings of this study also provide support for Braksmajer's concept of sexual care work, or the concept that women in mixed-gender relationships tend to engage in sexual activity in order to satisfy gender-specific obligations that are perceived to be inherent in intimate relationships (2017). Sexual care work is conceptualized as a type of labor, similar to housework, childrearing, or emotional support, that is typically considered a compulsory part of being in a relationship. It can also have a self-sacrificial component, in which individuals undertake unwanted sexual activity for the benefit of their partner. In her qualitative interviews with women who experienced pain during sexual activity, Braksmajer found that these individuals experienced pressure to engage in painful sex in the pursuit of intimacy, to please or care for their partner, and to fulfill obligations that were perceived to be an inherent part of romantic relationships (2017). Although our study did not quantify the prevalence of certain types of pressure within our sample, given the large number of women in mixed-gender relationships who responded to the survey, it is possible to say that such pressures to provide sexual caretaking were indeed present in our participants' responses. This study also expands upon these findings

by including sources of pressure from individuals' partners as well as situational elements that cause pressure to engage in painful sex.

Braksmajer also noted that some participants in her study engaged in painful sexual activity, despite a lack of partner pressure (2017). Similar findings were also noted in Ayling and Ussher's study of women with vulvodynia (2008) and Hinchliff et al.'s study of women with sexual dysfunction (2015). The self-pressure theme of "Lack of Partner Pressure" in this study provides further support for this type of internalized pressure to engage in potentially painful sex. This trend of individuals feeling pressure to engage in painful sex even when their partners were understanding of their pain or made outright statements that such actions were not necessary speaks to how significant these internalized caretaking or partner pleasing standards are for some. Given than participants in several studies have reported similar experiences, this phenomenon may warrant further exploration.

Ambivalence and Wanting Versus Consenting

This study also highlighted the nuance and complexity that individuals who experience pain during sexual activity experience when making decisions about potentially painful sex. The presumption that both consent and decision making are binary processes, in which you either do or do not want to have sex, did not bear out in our participants' responses. Some might assume that if sexual activity is painful, few, if any, individuals would choose to go through with it. However, most participants seemed ambivalent about engaging in sexual activity, with reasons why they both did and did not want to engage in sexual activity. Indeed, some participants seemed deeply torn between two (or more) difficult choices, i.e., a double-bind. Some individuals found great enjoyment in sexual activity but also experienced significant pain as a result. Others felt less enthused about sexual activity but wanted to be the kind of person who

finds great pleasure in it. Other individuals were concerned about the pain they would experience if they did have sex but were also afraid of what their partner might do if they did not go through with sex. These findings fit with several concepts put forth by Peterson and Muehlenhard (2007). Wanting sex is often a multidimensional concept, with competing reasons for both wanting and not wanting sex. Participants in this study listed several reasons for simultaneously wanting sex, despite the possibility of pain, as well as reasons for not wanting sex, above and beyond concerns about experiencing pain. Participants also seemed to distinguish between (a) wanting some aspects of the sexual act, such as sexual pleasure and intimacy, (b) not wanting other parts of sexual activity, such as pain or lack of attraction to one's partner, and (c) wanting or not wanting particular consequences, such as wanting to reduce relationship tension, wanting increased emotional intimacy, not wanting to deal with negative partner reactions, or not wanting to experience extended pain and impairment following sex. Wanting sex for these varied reasons also did not necessarily line up with whether participants consented to potentially painful sex. Some participants consented to sex that they did not want, or that they had reasons for wanting and not wanting; notably, some participants did not even have an opportunity to consent to sex, whether they wanted it on some level or not. This study has demonstrated that there are a multitude of pressures that weigh in when individuals are faced with making decisions about painful sex, which can contribute to ambivalence in sexual decision making.

Understanding pressure to engage in potentially painful sex also allows us to better understand what individuals perceive as important aspects of intimate relationships and sexual behaviors. These pressures yield interesting comparisons of relative worth. Although individuals likely made different decisions depending on factors such as personal or cultural values, level of pain they anticipated, overall pain tolerance, etc., the fact that these pressures were even

reportedly considered demonstrates the significance they hold for individuals. Pressures and goals related to self-identity, self-satisfaction, partner caretaking and pleasing, relationship maintenance, situational elements, and cultural norms were all significant enough to participants that they at least considered tolerating some degree of physical pain in order to attain them. Some pressures may be significant enough for certain individuals that the tradeoff between enduring physical pain and gaining a reward, or avoiding an outcome perceived to be worse than pain, is worthwhile for them.

Patterns in Meta-Information

There were several interesting patterns of information that were not within the participant responses themselves. The gender and sexual orientation of respondents as well as the large number of participants and the lengthy responses they provided all give important insight into who may experience pressure to engage in sexual activity, despite the possibility of pain.

Sample Predominantly Women in Mixed-Gender Relationships

There was a noticeable trend among the individuals who responded to our survey in terms of gender and relationship type. The majority of participants in both the Pain Type and Qualitative samples were cisgender women in mixed-gender relationships. While many cisgender women in the sample were heterosexual, a large number of participants also fell into the category of "plurisexual." It is therefore notable that among those who identified as being sexually attracted to multiple genders, almost all of them reported on relationships with men. Additionally, among those who identified as either agender, nonbinary, genderqueer, or another gender diverse identity, the individuals who experienced pain during sexual activity often had vulvas or were assigned female at birth (AFAB) and their partners were listed as assigned male at birth (AMAB). Furthermore, among the small number of transgender respondents, all five

were transgender men; there were no transgender women who responded to our survey. Why, then, does there seem to be a trend of individuals who experience pain during sex who either identify as a woman, were raised/socialized as a woman, and/or have vulvas, vaginas, or other biological aspects often labelled as "female?"

Krieger's framework for conceptualizing gender- and sex-specific pathways for health conditions offers a useful taxonomy for understanding this potential pattern. Krieger stated that there are both sex-linked biological factors (e.g., chromosomal sex, secondary sex characteristics, reproductive organs, hormonal levels and sensitivity thereto) and gender-linked social factors (e.g., culture-bound gender roles, social status, access to resources, etc.) that individually or interdependently serve as determinants of an array health outcomes (2003).

In terms of factors that can contribute to pain during sexual activity, there are several sex- and gender-specific factors that are worth noting. Females experience chronic pain disorders (Sorge & Totsch, 2016) and autoimmune disorders (Sorge & Totsch, 2016; Ortona et al., 2016) at higher rates than males and tend to subjectively experience pain at higher levels than males as well (Sorge & Totsch, 2016; Thomten et al., 2014). This may be related to sex-specific differences in immune system responses, specifically in relation to the types of cells that are recruited during the inflammatory response to injury (Sorge & Totsch, 2016). Individuals with "female" reproductive organs (the uterus, ovaries, vagina, vulva, etc.) are more likely to have reproductive health conditions or other chronic conditions that cause pain during sexual activity. Conditions such as vulvodynia, vaginismus, endometriosis, adenomyosis, interstitial cystitis/chronic bladder pain syndrome, chronic yeast or urinary tract infections, and persistent genital arousal disorder were all mentioned by participants in this study as conditions that contributed to their pain during sexual activity. Additionally, individuals with vulvas are often

expected to be the recipient of penetrative sexual activity, which may be more likely to cause damage to genital tissues with more extensive or sensitive mucosal membranes than those of a penis. Penetrative sexual activities are often still possible to engage in when someone with a vulva or vagina is not fully physiologically aroused, whereas the same cannot necessarily be said for someone with a penis. As such, it is possible that there are more avenues for individuals with vulvas to engage in penetrative sexual activity without adequate physiological arousal than there are for individuals with penises, and that such sexual activity is more likely to result in damage to genital tissues in those with vulvas than with penises.

In terms of gender-specific factors, some women experience pain in ways that align with gender normative expectations regarding pain tolerance, such as pain catastrophizing and rumination, which can exacerbate subjective experiences of pain (Sorge & Totsch, 2016; Thomten et al., 2014). These cognitive processes can also be a feature of certain mental health conditions that have higher base rates in women, such as anxiety disorders, which have also been shown to correlate with experiences of sexual pain (Basson & Gilks, 2018). Women are also socialized to engage in partner pleasing or caretaking behaviors in intimate relationships more than men are (Braksmajer, 2017; Impett & Peplau, 2003; Kaufman & Pulerwitz, 2019) and therefore may experience more pressure, either from themselves, their partners, or larger societal forces, to engage in sexual activity, despite it being pain. Women are also more likely to experience intimate partner violence and sexual violence than men (Krieger, 2003), and may be more likely to experience partner pressure such as coercion, manipulation, or assault, to engage in potentially painful sexual activity. Several participants in this study referenced a range of partner behaviors that fit such descriptions. Women may also be less likely to have power within their relationships to negotiate for sex that is not painful, both because of cultural norms that

place greater precedence on women's passivity within the relationship and the relatively restricted access to material resources that women have compared to men (Kaufman & Pulerwitz, 2019). As some women in our study noted, if they refused sexual activity, their partners threatened to leave the relationship, which would have left these women stranded with fewer financial and social resources to care for themselves or their children. In such cases, some women had to sacrifice their own health and well-being in order to meet these requirements. Finally, while the coital imperative is considered a sexual script that applies to both men and women, women may be more likely to experience pain as a result of adhering to this sexual script due to the numerous factors described above. It is worth noting that the coital imperative can be so pervasive that even one of the transgender men in this study referenced feeling pressured to engage in penetrative sexual activity to meet societal expectations about "successful" sex for a body assigned female at birth.

Many of these factors can appl to women in mixed-gender relationships, regardless of sexual orientation. However, it is important to note some factors that may apply to sexual minority women in particular. Certain experiences of victimization, such as physical and sexual abuse, can occur at higher rates for sexual minority women throughout childhood, adolescence, and adulthood (Bostwick et al., 2019). For example, in a study by Walters, Chen, and Breiding, 46.1% of bisexual women reported lifetime experiences of rape and 75% reported other forms of sexual violence, compared to 17.4% and 43% of heterosexual women as well as 13.1% and 46% of lesbian women, respectively (Bostwick et al., 2019). These experiences of victimization can play a role in the development of depression (Bostwick et al., 2019) and post-traumatic stress disorder, both of which can, in turn, contribute to the development of some sexual pain disorders (Basson, 2010; Corsini-Munt et al., 2017). An additional theory is that increased rates of

negative health outcomes among sexual minority women are driven by minority stress, or the added distress that accrues because of repeated experiences of discrimination, prejudice, and identity concealment. Stigma and lack of support from both lesbian and heterosexual communities may also contribute to minority stress for bisexual women, in particular (Bostwick et al. 2019). This study is not the first to find that bisexual women in particular experience sexual pain. In their study of women with vulvar pain, Blair et al. found that not only were women in mixed-sex relationships more likely to report genital pain on a regular basis, but that bisexual women were more likely to report this type of pain than both heterosexual and lesbian women (2015). Taken together, they found that bisexual women in mixed-sex relationships were more likely to report genital pain regularly than heterosexual women in mixed sex relationships (Blair et al., 2015). Blair et al. posited that this finding may be related to bisexual women potentially having same-sex encounters as a reference point for less painful sexual activity, making it more likely that they would report pain than women who have never had a same-sex encounter (2015).

It is difficult to say definitively why our sample was predominantly individuals assigned female at birth (AFAB) who most often reported being in relationships with individuals assigned male at birth (AMAB). In addition to the reasons that fit within Krieger's framework, it could be that this pattern occurred because these individuals preferred AMAB partners, even when sex is painful. Additionally, this pattern could have occurred because AFAB participants who had had both male and female sexual partners had, on average, more male than female partners, so these patterns just reflect the base rates. For example, perhaps 90% of their partners have been men and 10% have been women, so the fact that most of them wrote about men reflects those base rates because they had more experiences with men to draw upon. Future studies could examine the factors that may explain why this and other studies have found that among individuals who

experience pain during sexual activity, a large number seem to be assigned female at birth and are in relationships with individuals who were assigned male at birth.

Participant Response Length and Notes of Appreciation

A final area of note was the length of responses and additional notes provided by participants in this study. As discussed in the Methods section, many participants included a great amount of detail in their survey responses, with an average of about 471 words per participant response (gender diverse individuals: ~599 words/response; women: ~471 words/response; men: ~332 words/response). Additionally, many participants also took the time to write out thank you notes, some quite lengthy, in the optional section designed for general feedback. Taken together, it appears that participants were very interested in sharing their experiences with painful sexual activity and that this subject is important to those who participated in the study. The response and feedback from participants may also indicate that pain during sexual activity is an under-valued area of both research and clinical support.

Clinical Applications

This study provided detailed information about the pressures, decision making, and thought processes of individuals who experience pain during sexual activity experience. The themes within the self-pressure and societal pressure categories may hold useful information about potential areas of intervention via psychotherapy for individuals who experience painful sexual activity. Current research is underway to validate Mindfulness and Cognitive Behavioral Therapies for sexual pain disorders such as vestibulodynia (Brotto, Bergeron, Zdaniuk, & Basson, 2020). These treatments are designed to address pain with penetration and sex-related distress by focusing on developing pain acceptance skills, self-compassion, reducing self-criticism and pain catastrophizing, and increasing mindfulness (Brotto, Bergeron, Zdaniuk, &

Basson, 2020). Many of the participant statements regarding thoughts of "brokenness," inadequacy," feeling as if their bodies are sabotaging them, not feeling like a "real woman" or that they are dooming their partners to a hopeless relationship are thoughts and beliefs that could be addressed by both Mindfulness-based and Cognitive-Behavioral Therapies.

There is another area of clinical focus that may be useful in addressing the cognitive and behavioral patterns of individuals who feel pressured to engage in sexual activity, despite the possibility of pain. Many participants described feeling a strong desire to please their partners by engaging in sexual activity that was painful for the participants but provided some benefit to the partner, whether that was sexual satisfaction, self-confidence, intimacy or preventing disappointment, frustration, or anger. Some participants even did this, despite direct feedback from their partners that such self-sacrifice was not necessary. Dialectical Behavioral Therapy (DBT) is evidence-based therapy for borderline personality disorder and has demonstrated effectiveness for other areas of concern such as anxiety, depression, and intimate partner violence (Linehan, 2015). DBT features interpersonal effectiveness skills that are designed to help individuals develop the ability to confidently decline requests that they do not wish to accept, make requests of others that help achieve a personal goal or boundary, and reduce people-pleasing behaviors that often happen at the expense of one's personal comfort, wellbeing, or safety (Linehan, 2015). Using these interpersonal effectiveness skills training modules may be an effective way to help individuals who tend to prioritize their partner's desires over their own physical wellbeing avoid such patterns. While some studies have evaluated the effectiveness of DBT for issues such as childhood sexual abuse, to our knowledge, no studies have looked at DBT as a possible psychotherapeutic intervention for individuals who experience pain during sexual activity. This could be an area for future research to explore.

Strengths

There are several strengths associated with this study. The study featured a large sample, particularly for a qualitative study. Not only were there a large number of participants, but most participants also provided detailed accounts of their experiences with painful sexual activity. Such a large number of detailed responses allowed for a deep exploration of the types of pressure participants reported experiencing and how this reportedly influenced their decision making around potentially painful sex. This sample was diverse in several notable ways. There were a range of types of pain that participants reported, which allowed us to compare the ways that individuals with disparate types of pain experience both similar and unique pressures to engage in potentially painful sexual activity. Given that we were not focused on specific medical conditions in this study, we were able to see commonalities across various types of pain that are not usually paired together. We also did not have an upper age limit on participants, which allowed for older individuals to share their experiences with pain related to aging and later-life development. For example, several participants mentioned pain during sexual activity due to menopause. Aging and sexuality is not often discussed in research, and menopause in particular is not typically included in studies that focus on particular sexual pain disorders due to limitations of the diagnostic criteria. Including older individuals allowed us to gain interesting perspectives about the long-term impacts of difficult childbirth, the challenges of menopause, and how these events shaped their experiences with pressure to engage in painful sex. Additionally, this sample featured individuals from many different countries, which indicates that pressures to engage in painful sexual activity are not restricted to one particular culture or region. Finally, participants of several different genders participated in this study, indicating that while pain during sexual activity seem to be more common among some genders, other genders

such as cisgender men and gender diverse individuals also experience pressures to engage in painful sexual activity.

Limitations

There are several limitations to this study that must be considered alongside our findings. Our sample is a convenience sample, which may not be generalizable to the large population of individuals who experience pain during sexual activity. Our sample is also racially and ethnically homogenous and featured predominantly White, Non-Hispanic/Latina/Latino/ Latinx individuals. As such, our findings may also not be generalizable to non-White individuals or individuals of varying ethnicities. This lack of racial and ethnic diversity may be due in part to our sampling technique, which was through various social media platforms, which are only accessible to individuals with internet access who also have knowledge of such platforms. While the overall community of reddit.com is approximately representative of the racial demographics of the United Stated, there is no guarantee that individual subreddits meet the same demographic representation. It could be that many of the subreddit that were posted to were more racially or ethnically homogenous than the overall racial/ethnic makeup of the website. The few Black and person of color-specific subreddits that existed at the time of data collection were either private or did not allow for survey distribution in their communities. Additionally, the lack of compensation offered for this study may have been a deterrent for marginalized individuals to participate, given both the sensitive subject matter and the amount of resources (time, energy) it may have required to complete the survey. This may have held true for other marginalized populations as well, such as chronically ill individuals. One commenter in a chronic pain subreddit noted that they were interested in completing the survey but found the length of questions and qualitative format too physically taxing to complete. It may be that those with

more serious forms of chronic illness were unable to complete the survey, which could have skewed our results. Additionally, we did not utilize a quantitative approach to coding the sources of pressure within participant responses. Therefore, we cannot speak to how common or uncommon these themes were within the data. This exploratory study can be used to inform more quantitative approaches to understanding the types of pressure individuals experience regarding painful sexual activity.

Conclusion

The results of this study indicate that among individuals who experience pain with sexual activity, many experience more than one type of pain and experience pain frequently during sexual activity. The most common types of pain during sexual activity were genital, pelvic, and abdominal pain, although other types of pain were notable as well. Participants in this study were more likely to continue having sex, despite it being painful, than they were to selectively avoid painful sexual activities. Among women and gender diverse individuals, the more types of pain they experienced, the less often they engaged in any kind of sexual activity. Additionally, individuals experience a variety of pressures to engage in sexual activity, despite the possibility of pain. Some individuals reported pressure from themselves to achieve a certain self-image, to experience sexual satisfaction, for their partner's benefit, or to maintain their relationship. Some participants reported pressure to have painful sex despite a lack of partner pressure to do so. Other participants reported that actions from their partner caused them to feel pressured to engage in sex, despite the possibility of pain. Such actions included partners discussing a lack of sex in conversation, using expressions of dissatisfaction as a source of pressure, disregarding participants' reports or expressions of pain, beginning sexual activity before participants could decide whether they wanted sex or not, or becoming angry and making threats or accusations.

Participants also reported situational pressures that influenced their sexual decision making, such as having a rare opportunity for sex, following a schedule or routine, or celebrating special occasions. Finally, participants referenced several societal pressures to engage in potentially painful sex, such as cultural norms about sex and relationships, media representation, and religious pressure.

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Appendix A

Internet Post Recruitment Statement

Post Title: Has painful sex ever affected your sex life?

Have you ever experienced pain during sexual activity? Would you be interested in filling out an anonymous, internet-based survey on how individuals make decisions about engaging in potentially painful sex?

We are looking for volunteers who

- are at least 18 years of age
- are of any gender or sexual orientation
- have current or past experiences of pain during sexual activity, such as pelvic pain, genital pain, anal/rectal pain, bladder pain, abdominal pain, back or neck pain, or nerve/musculoskeletal/widespread pain.

This study is being conducted as graduate student research at the University of Kansas. The survey is expected to take 20 minutes to complete and is minimal risk, meaning that it involves no more risk than what is associated with daily life. There is no financial compensation for participation.

Study Link: [link]

Questions? Feel free to contact the researchers:

Hannah Clark, Graduate Student, hdclark@ku.edu
Charlene Muehlenhard, Faculty Advisor, charlene@ku.edu
University of Kansas Department of Psychology

Listserv/Social Media Recruitment Statement

Researchers at the University of Kansas are conducting a study on individuals' experiences of pain during sexual activity. This anonymous, internet-based survey is aimed at understanding how individuals make decisions about engaging in potentially painful sex.

We would appreciate your passing this announcement along to anyone who might be interested in participating. If you do so, please use the following recruitment statement.

Thanks,

Hannah Clark and Charlene Muehlenhard
University of Kansas

Recruitment Statement:

Have you ever experienced pain during sexual activity? Would you be interested in filling out an anonymous, internet-based survey on how individuals make decisions about engaging in potentially painful sex?

We are looking for volunteers who:

- are at least 18 years of age
- are of any gender or sexual orientation
- have current or past experiences of pain during sexual activity, such as pelvic pain, genital pain, anal/rectal pain, bladder pain, abdominal pain, back or neck pain, nerve/musculoskeletal/widespread pain, or other types of pain

This study is being conducted as graduate student research at the University of Kansas. The survey is expected to take 20 minutes to complete and is minimal risk, meaning that it involves no more risk than what is associated with daily life. There is no financial compensation for participation.

Study Link: [link]

Questions? Feel free to contact the researchers:

Hannah Clark, Graduate Student, hdclark@ku.edu
Charlene Muehlenhard, Ph.D., Faculty Advisor, charlene@ku.edu
University of Kansas Department of Psychology

Appendix B

Note. Some blocks have been condensed if they have identical content but were written to differentiate between current and past experiences. In this version, survey items have been rewritten with multiple tenses such as “are/were,” “do/did,” etc. to reflect this while also minimizing space and increasing comprehension.

Experiences of Pain with Sexual Activity

Start of Block: Block 1: (Everyone) Intro and Information Statement

Q1.1 Thank you for accessing our survey!

We are studying people's **sexual decision making when sex is painful.** This survey is **anonymous**. We will not ask for your name or any identifying information. You can **skip questions** you don't want to answer and exit the survey at any time. You can also **leave and come back** to the survey any time over the next week. Our **contact information** is below, in case you want to contact us about this survey.
The next page has more information about this study.

Thank you for your time and consideration!

Hannah Clark, Graduate Student, hdclark@ku.edu
Charlene Muehlenhard, Ph.D., Faculty Advisor, charlene@ku.edu

University of Kansas

Page Break

Q1.2 **Information Statement**:
Sexual Decision Making When Sex is Painful
Key Information:

- This project is a study of experiences of pain during sexual activity and how individuals’ and their partners’ preferences and expectations shape these decisions.
- Your participation in this research project is completely voluntary.
- Your participation will take approximately 20 minutes.
- You will be asked to respond to multiple choice and open-ended questions about sexual decision-making and experiences of pain.
- The content of this survey should cause no more discomfort than you would experience in your everyday life. However, the survey asks about experiences of pain as well as sexual behavior. You may skip any questions that make you uncomfortable and exit the survey at any time.
- Although participation in this research project may not provide you with direct benefit, we hope that you will find it interesting. Your alternative to participating in this research study is not to participate.

The Department of Psychology at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are conducting research on experiences of pain during sexual activity and the factors that influence individuals' decisions to engage in sex when they are concerned about pain. We are interested in how individuals' and their partners' preferences and expectations shape these decisions. Participating would involve taking a survey. Your participation is expected to take approximately 20 minutes to complete, although you are free to take as long or as little as you like. The content of this survey should cause no more discomfort than you would experience in your everyday life. However, the survey asks about experiences of pain as well as sexual behavior. You may skip any questions that make you uncomfortable and exit the survey at any time.

Although participation may not provide direct benefit to you, we hope that you will find it interesting. The information you provide us by participating will help us gain a better understanding of how expectations influence sexual decision-making and experiences of pain during sexual activities. Your participation is solicited, although strictly voluntary. The survey will not ask for your name or any other identifying information. Please do not include any identifying information in your responses.

Because no identifying information will be attached to your responses, we will be unable to discard your responses upon request. If you DO provide any identifiable information, then your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. Be advised that it is possible with internet communications, that through intent or accident, someone other than the intended recipient may see your responses.

In qualitative research, researchers typically include excerpts of some participants' responses in the final manuscript. It is possible that portions of your answers will be quoted in the final manuscript. If you would prefer to not have your answer quoted, you can skip the question.

If you would like additional information concerning this study before or after it is completed, please feel free to contact us by email or mail. If you would like to leave us feedback about the survey, you will find a "Comments" section at the end of every page.

Completion of the survey indicates your willingness to take part in this study and that you are at least 18 years old. If you have any additional questions about your rights as a research participant, you may call (785) 864-7429 or write the Human Research Protection Program (HRPP), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email irb@ku.edu.

Sincerely,
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Page Break

End of Block: Block 1: (Everyone) Intro and Information Statement

Start of Block: Block 2: (Everyone) Demographics/Sexually Active

Q2.1 What is your age?

_____

Q2.2 What is your race/ethnicity?

_____

Q2.3 In which country do you currently reside?

_____

Q2.4 What is your gender?

__ Man (1)
__ Woman (2)
__ Transgender Man (3)
__ Transgender Woman (4)
__ Genderqueer/Nonbinary (5)
__ Another gender identity, please specify: (6)
_____
__ I prefer not to respond (7)

Q2.5 What is your sexual orientation?

__ Heterosexual (1)
__ Bisexual (2)
__ Lesbian (3)
__ Gay (4)
__ Pansexual (5)
__ Queer (6)
__ Asexual (7)
__ (Not listed, please describe): (8)
_____

Q2.6 Across my lifespan, my sexual partner(s) have been (Please check all that apply):
__ Men (1)
__ Women (2)
__ Transgender Men (3)
__ Transgender Women (4)
__ Genderqueer/Nonbinary (5)
__ Other genders identity, please specify: (6)
_____

Q2.7 How did you find out about this survey?
__ Reddit.com (please list subreddit): (1)
_____
__ Professional Listserv (please list): (2)
_____
__ Social Media (please list): (3)
_____
__ Word of mouth (4)
__ Other (please describe): (5) _____

Q2.8 Comments?

Q2.9 **We are asking about** people's **current or past** experiences of pain during sexual activity. Types of pain could include:

- Genital pain
- Pelvic pain
- Anal / Rectal pain
- Abdominal pain Back or neck pain
- Nerve / musculoskeletal / widespread pain

We are <u>NOT</u> asking about

- wanted and intentional pain that results from **BDSM** or **kink-oriented sexual activity**
- pain that results from **sexual assault** or **rape**

The next few questions will help determine if you have had the kinds of experiences we are studying.

Press the button below to proceed.

Page Break

Q2.10 Have you ever engaged in sexual activity with another person? (Sexual activity can include many behaviors. For example, penile-vaginal intercourse, anal sex, oral sex, stimulating someone's genitals, etc.)

__ Yes (1)
__ No (2)

Q2.11 Comments?

[IF NO IS SELECTED]
Q2.12 This survey is about experiences of pain during sexual activity. Since you indicated that you have not experienced pain during sexual activity, you are not eligible for this survey.

Any final feedback for us?

__ No (1)
__ Yes: (2) _____

End of Block: Block 2: (Everyone) Demographics/Sexually Active

---

Start of Block: Block 3: (Everyone) Ever Exp. Pain
Q3.1
Have you ever experienced pain during sexual activity?
This could be :

- an ongoing issue
- something that occurred in the past

This could include:

- genital pain
- pelvic pain
- anal / rectal pain
- bladder pain
- abdominal pain
- back or neck pain
- nerve / musculoskeletal / widespread pain
- other kinds of pain

__No, never (1)
__Once or twice (2)
__Yes, on multiple occasions (3)

Q3.2 Comments?

[IF NO, NEVER IS SELECTED]
Q3.3 This survey is about experiences of pain during sexual activity. Since you indicated that you have not experienced pain during sexual activity, you are not eligible for this survey.

Any final feedback for us?
__ No (1)
__ Yes: (2) _____

Page Break

Q3.4 What kind(s) of pain do you experience during sexual activity? Check all that apply.
__ Genital pain (1)
__ Pelvic pain (2)
__ Anal / rectal pain (3)
__ Bladder pain (4)
__ Abdominal pain (5)
__ Back or neck pain (6)
__ Nerve / musculoskeletal / widespread pain (7)
__ Other (please list:) (8) _____

Q3.5 Please help us understand your situation more. In as much detail as you feel comfortable, please describe specifically what is painful about sexual activity for you.

_____

Q3.6 How long has pain with sexual activity been an issue for you?

Please answer in weeks, months, or years.

_____

Q3.7 Is your pain related to a specific medical condition?
__ Yes (Please list:) (1) _____
__ I'm not sure (2) _____
__ No (3)

End of Block: Block 3: (Everyone) Ever Exp. Pain

Start of Block: Block 4: (Everyone) Relationship and Pain Status

Q4.1 Are you in a romantic and/or sexual relationship?
__ Yes, I'm in a relationship (1)
__ Yes, I'm in more than one relationship (2)
__ No, I'm not currently in a relationship but I have been in the past (3)
__ None of these fits my situation (please describe): (4)
_____

[IF "Yes, I'm in more than one relationship" IS SELECTED]
Q4.2 You selected that you are currently in more than one relationship. When answering questions, think about one relationship in which you experienced pain with sexual activity.

[IF "No, I'm not currently in a relationship but I have been in the past" IS SELECTED]
Q4.3 You selected that you are not currently in a relationship but that you have been in the past. When answering questions, think about a past relationship in which you experienced pain with sexual activity.

[IF "None of these fits my situation (please describe)" IS SELECTED]
Q4.4 Thanks for describing your relationship situation. When answering questions, think about one relationship in which you experienced pain with sexual activity.

Page Break

Q4.5 Pain with sexual activity can happen across multiple relationships and may be different depending on your relationship with that person. We're going to ask you some questions about **one specific relationship** involving pain during sexual activity.

Please choose which of the following situations to write about:

__ An ongoing issue with pain in my current relationship (1)
__ A resolved issue with pain in my current relationship (2)
__ An issue with pain in a previous relationship (3)

End of Block: Block 4: (Everyone) Relationship and Pain Status

[IF Q4.5 "An ongoing issue with pain in my current relationship" IS SELECTED]

Start of Block: Block 5: (Current Partner, Ongoing Pain) Relationship Info, Pain Description

Q5.1 **Tell us a little more about your current relationship.**

Q5.2 What is your partner's gender?

_____

Q5.3 What is your partner's sexual orientation?

_____

Q5.4 What is your relationship status (i.e. partner, spouse, boyfriend/girlfriend, casual partner, or your own description)?

_____

Q5.5 How long have you been in this relationship?

Q5.6 On average, how often do you engage in sexual activity with your partner?

__ Never (1)
__ Less than monthly (2)
__ About once a month (3)
__ 2-3 times a month (4)
__ About once a week (5)
__ 2-3 times a week (6)
__ Almost every day (7)
__ 7 or more times a week (8)

Q5.7 On average, what percentage of those times do you typically experience pain with sexual activity?

Percentage of time sexual activity is painful

0 10 20 30 40 50 60 70 80 90 100

1 ()

Q5.8 How has pain influenced the frequency of sexual activity in your relationship, if at all? Please describe in as much detail as much as you feel comfortable with.

I avoid certain sexual activities because of pain but engage in other sexual activities (1) _____

I experience pain with some sexual activities but still engage in them (2) _____

I no longer engage in any sexual activities because they are too painful (3) _____

Pain has not influenced how often I have sex in my relationship (4) _____

Other (please describe): (5) _____

Q5.9 Comments?

Page Break

Q5.10 Some kinds of sexual activities can be more painful than others. **If you engage in these sexual activities, how often does it cause you pain?**

	Never painful (1)	Sometimes painful (2)	Painful half of the time (3)	Painful most of the time (4)	Painful every time (5)	*N/A, I have never done this before* (6)
Penile-vaginal sex (1)						
Receiving oral sex (2)						
Giving oral sex (3)						
Receiving manual stimulation (4)						
Giving manual stimulation						

(5)						
Anal sex (6)						
Internal use of sex toy (7)						
External use of sex toy (8)						
Other sexual activity (9)						
Other sexual activity (10)						
Other sexual activity (11)						

Q5.11 *If you want to clarify any of your responses, you can do that here:*

_____

Q5.12 Comments?

End of Block: Block 5: (Current Partner, Ongoing Pain) Relationship Info, Pain Description

---

[IF Q4.5 "A resolved issue with pain in my current relationship" IS SELECTED]

Start of Block: Block 5: (Current Partner, Past Pain) Relationship Info, Pain Description

Q9.1 **Tell us a little more about your current relationship.**

Q9.2 What is your partner's gender?

_____

Q9.3 What is your partner's sexual orientation?

_____

Q9.4 What is your relationship status (i.e. partner, spouse, boyfriend/girlfriend, casual partner, or your own description)?

_____

Q9.5 How long have you been in this relationship?

_____

Q9.6 When pain was still an ongoing issue for you, how often did you engage in sexual activity with your partner, on average?

__ Never (1)
__ Less than monthly (2)
__ About once a month (3)
__ 2-3 times a month (4)
__ About once a week (5)
__ 2-3 times a week (6)
__ Almost every day (7)
__ 7 or more times a week (8)

Q9.7 On average, what percentage of those times did you typically experience pain with sexual activity?

Percentage of time sexual activity is painful

0 10 20 30 40 50 60 70 80 90 100

1 ()

Q9.8 How did pain influence the frequency of sexual activity in your relationship, if at all? Please describe in as much detail as you feel comfortable with.

I avoided certain sexual activities because of pain but engaged in other sexual activities (1) _____
I experienced pain with some sexual activities but still engaged in them (2) _____
I no longer engaged in any sexual activities because they were too painful (3) _____
Pain did not influenced how often I had sex in my relationship (4) _____
Other (please describe): (5) _____

Q9.9 Comments?

Page Break

Q9.10 How did your issue with painful sex resolve? Please check all that apply and explain in as much detail as you feel comfortable with.

__ I had a medical condition that has improved or resolved. (1)

__ I don't have sex with the person that I had these issues with. (2)
__ I have learned new strategies that help me manage the pain. (3)
__ Other: (4) _____

Q9.11 Please explain in as much detail as you feel comfortable with.

_____

Q9.12 Some kinds of sexual activities can be more painful than others. **If you engaged in these sexual activities in the past, how often did it cause you pain?**

	Never painful (1)	Sometimes painful (2)	Painful half of the time (3)	Painful most of the time (4)	Painful every time (5)	*N/A, I have never done this before* (6)
Penile-vaginal sex (1)						
Receiving oral sex (2)						
Giving oral sex (3)						
Receiving manual stimulation (4)						
Giving manual stimulation (5)						
Anal sex (6)						
Internal use of sex toy (7)						
External use of sex toy (8)						
Other sexual activity (9)						
Other sexual activity (10)						
Other sexual activity (11)						

Q9.13 *If you want to clarify any of your responses, you can do that here:*

_____

Q9.14 Comments?

End of Block: Block 5: (Current Partner, Past Pain) Relationship Info, Pain Description

---

[IF Q 4.5 “An issue with pain in a previous relationship” IS SELECTED]

Start of Block: Block 5: (Previous Partner, Past Pain) Relationship Info, Pain Description

Q10.1 **Tell us a little more about your previous relationship.**

Q10.2 What was your partner's gender?

_____

Q10.3 What was your partner's sexual orientation?

_____

Q10.4 What was your relationship status (i.e. partner, spouse, boyfriend/girlfriend, casual partner, or your own description)?

_____

Q10.5 How long were you in this relationship?

_____

Q10.6 On average, how often did you engage in sexual activity with your partner?

__ Never (1)
__ Less than monthly (2)
__ About once a month (3)
__ 2-3 times a month (4)
__ About once a week (5)
__ 2-3 times a week (6)
__ Almost every day (7)
__ 7 or more times a week (8)

Q10.7 On average, what percentage of those times did you typically experience pain with sexual activity?

Percentage of time sexual activity is painful

0 10 20 30 40 50 60 70 80 90 100

1 ()

Q10.8 How did pain influence the frequency of sexual activity in your relationship, if at all? Please describe in as much detail as you feel comfortable with.

I avoided certain sexual activities because of pain but engaged in other sexual activities (1) _____

I experienced pain with some sexual activities but still engaged in them (2) _____

I no longer engaged in any sexual activities because they were too painful (3) _____

Pain did not influenced how often I had sex in my relationship (4) _____

Other (please describe): (5) _____

Q10.9 Comments?

Page Break

Q10.10 How did your issue with painful sex resolve? Please check all that apply and explain in as much detail as you feel comfortable with.

__ I had a medical condition that has improved or resolved. (1)
__ I don't have sex with the person that I had these issues with. (2)
__ I have learned new strategies that help me manage the pain. (3)
__ Other: (4) _____

Q10.11 Please explain in as much detail as you feel comfortable with.

_____

Q10.12 Comments?

Page Break

Q10.13 Some kinds of sexual activities can be more painful than others. **If you engaged in these sexual activities in the past, how often did it cause you pain?**

	Never painful (1)	Sometimes painful (2)	Painful half of the time (3)	Painful most of the time (4)	Painful every time (5)	*N/A, I have never done this before* (6)
Penile-vaginal sex (1)						
Receiving oral sex (2)						
Giving oral sex (3)						
Receiving manual stimulation (4)						
Giving manual stimulation (5)						
Anal sex (6)						
Internal use of sex toy (7)						
External use of sex toy (8)						
Other sexual activity (9)						
Other sexual activity (10)						
Other sexual activity (11)						

Q10.14 *If you want to clarify any of your responses, you can do that here:*

_____

Q10.15 Comments?

End of Block: Block 5: (Previous Partner, Past Pain) Relationship Info, Pain Description

Start of Block: (Everyone) Anticipated Pain Scenario Qualitative Questions

Q6.1 Now we are going to ask some broader questions about past experiences of pain during sexual activity. You will be asked to describe, in your own words, a time in which you anticipated feeling pain during sex and how that situation turned out.

Page Break

Q6.2 Think about a situation in which:

- your partner seemed interested in sex or sex seemed likely, and
- you felt concerned because you **anticipated** that it would likely be painful

If you have more than one instance in mind, tell us about the time that is most recent or that you remember best.

Q6.3 What led up to this situation?

_____

Q6.4 How could you tell your partner was interested in sexual activity? Please describe the situation.

_____

Q6.5 What kind of pain were you worried about? (Check all that apply)

__ Genital Pain (1)
__ Pelvic Pain (2)
__ Rectal Pain (3)
__ Abdominal Pain (4)
__ Back/Neck Pain (5)
__ Nerve/Musculoskeletal/Widespread Pain (6)
__ Other: (7) _____

Q6.6 Tell us more about your concerns about pain in this situation:

_____

Q6.7 Other than anticipating pain, were there any **other** reasons that you did not want to have sex?

_____

Q6.8 Were there any reasons you *did* want to have sex? Please explain.

_____

Q6.9 What did you think would happen if you did have sex?

_____

Q6.10 What did you think would happen if you **did not** have sex?

_____

Q6.11 At the time, how did you think this decision would have affected your relationship, if at all?

_____

Q6.12 Did you feel any kind of pressure to have sex? Please explain.

Pressure can come from your partner, from yourself, or from the situation you were in.

_____

Q6.13 Did you let your partner know that you were worried about experiencing pain? Why or why not?

_____

Q6.14 Did you say or do anything to make this situation turn out the way you wanted it to? Please explain.

_____

Q6.15 What ended up happening in this situation?

_____

Q6.16 What were your thoughts and feelings throughout the encounter?

_____

Q6.17 How did your partner respond to the situation, if at all?

_____

Q6.18 What were the negative outcomes of that encounter, if any?

_____

Q6.19 What were the positive outcomes of that encounter, if any?

_____

Q6.20 What were the other outcomes of that encounter, if any?

_____

Q6.21 Comments?

End of Block: (Everyone) Anticipated Pain Scenario Qualitative Questions

---

Start of Block: (Everyone) Long-Term Impact Qualitative Questions

Q7.1 Have your experiences of pain during sexual activity had any long-term impact on your relationship? If so, how?

__ No, not that I recall (1)
__ Yes (2) _____

Q7.2 Comments?

Page Break

Q7.3 Have your experiences of pain during sexual activity impacted the way you view yourself? If so, how?

__ No, not that I recall (1)
__ Yes (2) _____

Q7.4 Comments?

Page Break

Q7.5 Have your experiences of pain during sexual activity impacted your sexual desire or interest in sex? If so, how?

__ No, not that I can recall (1)
__ Yes (2) _____

Q7.6 Comments?

End of Block: (Everyone) Long-Term Impact Qualitative Questions

---

Start of Block: Block 10: (Everyone) Final Comments

Q8.1 Any final comments?

_____

End of Block: Block 10: (Everyone) Final Comments

Debriefing Statement:

Thank you for responding to our survey!

We are interested in exploring the factors individuals may consider when making decisions about sex that might be painful. In sexual situations, decisions can be based on multiple objectives, such as seeking pleasure, avoiding pain, pleasing one's partner, strengthening the relationship, etc. We are interested in understanding if differences in personal and partner preferences, definitions of "having sex," relationship expectations, or gender norms influence individuals'

decision-making regarding painful sex.

If you know of anyone who you think might be interested in filling out this survey, feel free to let them know about the study. Here's the link that they can use to access the survey: https://kusurvey.ca1.qualtrics.com/jfe/form/SV_e8mkGSbQW4YgiqO

If you have any questions or concerns about any of the content of this survey, please do not hesitate to contact us.

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If you have questions about your rights as a research participant, you may contact the Human Research Protection Program (HRPP):

Email: irb@ku.edu
Phone: (785) 864-7429

University of Kansas
2385 Irving Hill Road
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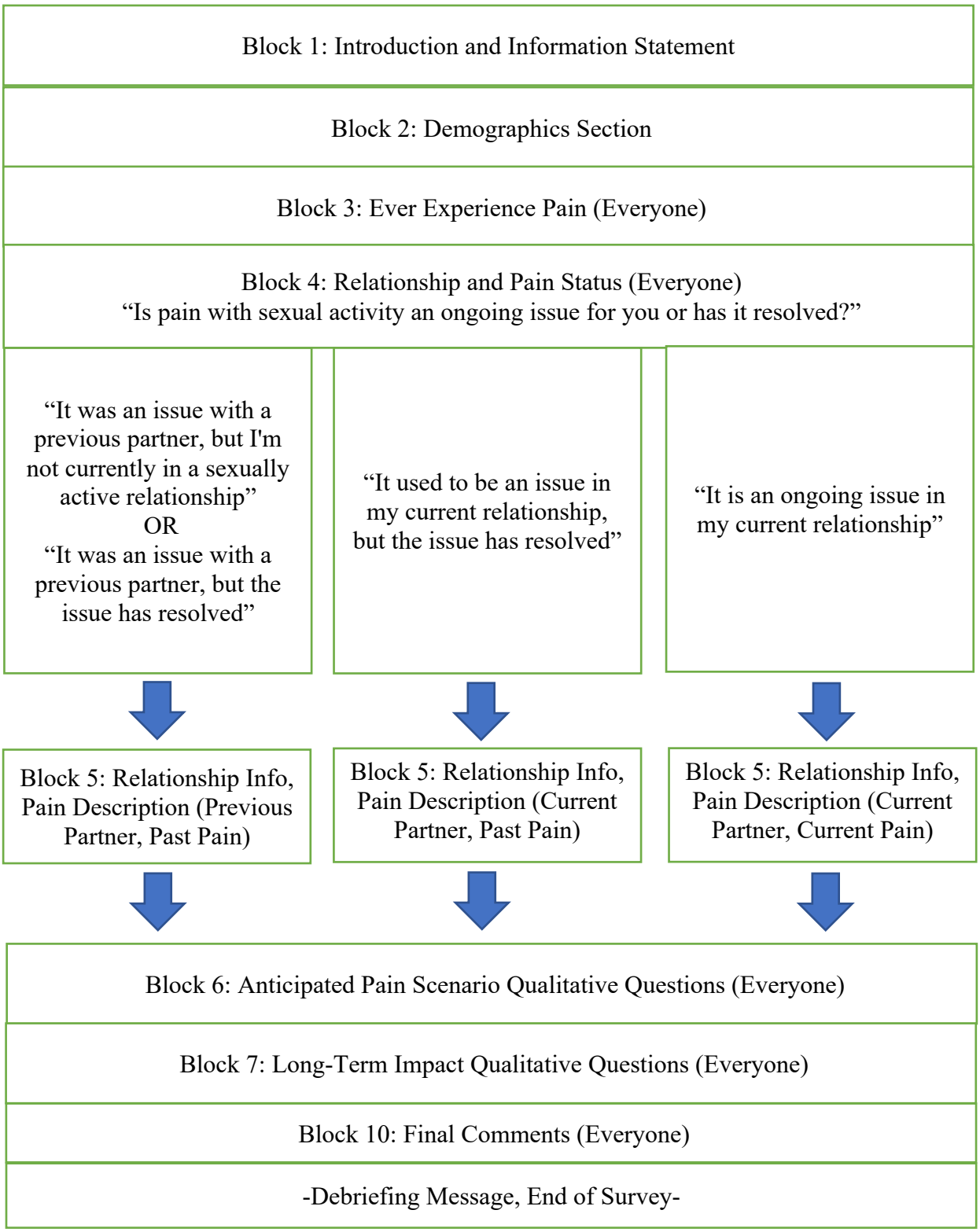
Appendix C


Block 1: Introduction and Information Statement
Block 2: Demographics Section
Block 3: Ever Experience Pain (Everyone)
Block 4: Relationship and Pain Status (Everyone)
"Is pain with sexual activity an ongoing issue for you or has it resolved?"
"It was an issue with a previous partner, but I'm not currently in a sexually active relationship"
OR
"It was an issue with a previous partner, but the issue has resolved"
"It used to be an issue in my current relationship, but the issue has resolved"
"It is an ongoing issue in my current relationship"
Block 5: Relationship Info, Pain Description (Previous Partner, Past Pain)
Block 5: Relationship Info, Pain Description (Current Partner, Past Pain)
Block 5: Relationship Info, Pain Description (Current Partner, Current Pain)
Block 6: Anticipated Pain Scenario Qualitative Questions (Everyone)
Block 7: Long-Term Impact Qualitative Questions (Everyone)
Block 10: Final Comments (Everyone)
-Debriefing Message, End of Survey-

Appendix D

Note: This list does not feature all sources of pain during sexual activity mentioned by participants. This list serves as a reference for certain medical conditions listed in the qualitative results section and is meant as a brief guide for readers who are unfamiliar with these conditions.

Adenomyosis: a condition in which endometrial lining grows within the walls of the uterus, leading to heavy vaginal bleeding, severe cramping, pain during sexual activity, and increased blood clotting during menstruation.
Autonomic Dysfunction: a condition in which the nerves of the autonomic nervous system are damaged, leading to dysfunction in some nonvoluntary bodily functions such as heart rate, blood pressure, and perspiration.
Chronic Bladder Pain Syndrome (formerly Interstitial Cystitis): a chronic condition characterized by sensations of pressure and pain in the bladder, pelvic pain, and frequent urges to urinate. This condition differs from urinary tract infections in that there is no underlying infection causing these symptoms.
Chronic Urinary Tract Infection (CUTI): infections of the urinary tract that are treatment resistant or recurrent in nature. Symptoms of urinary tract infections include intense urgency to urinate that does not alleviate with urination, pain or burning during urination, passing small amounts of urine, and pelvic pain. Sexual activity can be one cause of urinary tract infections.
Congenital Pelvic Floor Dysfunction: a rare condition at birth in which urovaginal organs are prolapsed due to poor innervation or weakness of the pelvic floor muscles and/or surrounding ligaments.
Ehlers-Danlos Syndrome: a condition characterized by hyperextension of the connective tissues, such as joints, blood vessels, and skin, which can lead to joint dislocation or blood vessel ruptures.
Endometriosis: a chronic condition that involves the growth of uterine tissue on organs and structures outside of the uterus which can cause severe pelvic pain, cramping, pain during sexual activity, and fertility issues. If allowed to progress, endometrial lining can cause adhesions, which painfully fuse pelvic organs together.
Lichen Sclerosus: a dermatological vulvar disorder that creates thin, white patches of skin on the vulva that causes intense irritation, itching, and burning that damages tissue and nerve endings.
Menopause: a mid-life developmental stage in which menstruation stops due to reduced levels of estrogen and progesterone. These reduced hormonal levels can cause a number of symptoms, including vaginal atrophy (thinning of the vaginal tissue), reduced vaginal lubrication, and pain during sexual activity.
Pelvic Floor Dysfunction: a condition of chronically tense and/or uncoordinated pelvic and abdominal muscles that can result in pain during sexual activity and painful bowel movements.
Polycystic Ovary Syndrome (PCOS): an endocrine disorder characterized by an imbalance of several reproductive hormones which can cause irregular menstruation and ovulation, cyst development on ovaries, difficulty with fertility, and pelvic pain.
Provoked Vestibulodynia (PVD): a vulvar pain disorder characterized by sharp, stabbing or burning pain when pressure is applied to the vaginal entryway, or vestibule. PVD can be *primary*, in which pain at the vulvar vestibule has always been present, or *secondary*, in which

an individual develops pain after a period of no pain with vaginal penetration.
Neuroproliferative vestibulodynia is characterized by an increased amount of nerve fibers in the vaginal entryway, which can be either congenital or acquired after recurrent infections or an allergic reaction.
Pudendal Neuralgia: a chronic pain condition caused by damage to the pudendal nerve, a main nerve that runs through the pelvic, buttocks, anus, and genitals. Damage to this nerve can cause a burning or shooting pain that can vary depending on position, pelvic numbness, increased sensitivity to touch or sensation, uncomfortable swelling sensations in the pelvis, frequent need for urination, pain during sexual activity, difficulty with orgasm, and erectile dysfunction.
Spondyloarthritis: a type of arthritis that affects the spine, which can cause pain, swelling, or stiffness around the spine or lower back.
Vaginal atrophy: thinning, drying, or inflammation of the vaginal tissue caused by a reduction in estrogen levels.
Vaginismus: a vaginal pain condition caused by involuntary tightening or spasming of the muscles surrounding the vagina, often in anticipation of pain.
Vulvar Vestibulitis: a term formerly used to describe the condition that is now referred to as vestibulodynia (see provoked vestibulodynia).

Vulvodynia: Chronic vulvar pain without an identifiable cause. This condition can be localized to a particular area of the vulva or generalized across a wider area.