**PSA proposal: An analysis of chronic pelvic pain and dyspareunia: Calling for increased support and education**

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Chronic pelvic pain conditions affect approximately 14-24% of women and gender diverse peoples in Canada (Katz et al., 2021), and account for approximately $25 million dollars in healthcare spending (Chen et al., 2017). Chronic pelvic pain conditions include but are not limited to endometriosis, adenomyosis, chronic pelvic inflammatory disease, interstitial cystitis, and vulvodynia. While these conditions cause debilitating pain in many of the body’s systems, one such consequence of chronic pelvic pain is the prevalence of dyspareunia (sexual pain) (Alcalde et al., 2022; Hawkey et al., 2022; Vitale et al., 2017). Over the course of four years of Canadian surgical expenditures for chronic pelvic pain, dyspareunia was the third most cited reason for clinical intervention (Chen et al., 2017). Thus, the impact of dyspareunia for both patients and the Canadian healthcare institution is immense. The present proposal will analyze experiences of dyspareunia, presenting the barriers to sexual citizenship and bodily autonomy experienced by women and gender diverse peoples diagnosed with gynecological chronic pain conditions. Further, the utmost goal of this public service announcement is to call attention to the need for education, advocacy, and equity-based practices to promote the sexual health and liberation of those with chronic pelvic pain.

 Throughout the proposal, I will first draw upon Seidman’s (2010) theorizations of male domination and female sexuality, identifying how the medical discourse surrounding dyspareunia is implicated with the patriarchal denial of female pleasure. Next, I will demonstrate how chronic pelvic pain patients are significantly affected by the presence of dyspareunia, both physically and emotionally (Alcalde et al., 2021; Hawkey et al., 2022; Vitale et al., 2017). Further, imparting a feminist social constructivist lens, the present public service announcement calls for medical support for patients experiencing dyspareunia through both physical therapy and psychotherapy as funded by the British Columbian provincial healthcare plan.

 Before presenting the call to action of the present proposal, it is paramount to first ground the stigma associated with dyspareunia in a critical analysis of female sexuality discourse. Why is it that female sexual pain is not adequately addressed by the Canadian medical institution? Further, which sociological systems underpin the devaluation of female pleasure and sexual citizenship? As Seidman (2010) identify in their book *The social construction of sexuality,* many feminist analyses of sexuality posit that gender and sexuality are deeply interwoven concepts; drawing from the theorizations of Catherine Mackinnon, Seidman evaluates the practice of heteronormative sex as “the very basis of male domination” (p. 22). Moreover, as it is explored by Porter and colleagues (2017), the heterosexual coital imperative suggests that penetrative sex is the only way that sexual activity can be *completed*; such heteronormative ideals of sexuality are damaging to those who cannot engage in penetrative sex without pain. The interrelated nature of sexuality and gender is productive of stereotypes regarding female sexuality; thus, deeming the female body as inherently less deserving of autonomous sexual citizenship, and further degrading the female body that cannot engage in *proper* penetrative sexual activity. Here, the sociological justification for the lack of discourse and support surrounding the alleviation of female dyspareunia becomes clear—it is not in the interest of the patriarchy to cure the broken female body.

Chronic pelvic pain patients’ quality of life is often detrimentally affected by dyspareunia (Vitale et al., 2017). Calling attention to the effect of dyspareunia and patient suffering, Vitale and colleagues suggest that dyspareunia contributes to a significant reduction in sexual function which in turn reduces patient quality of life. Permeating patient sexuality, chronic pelvic pain conditions disallow sufferers from attaining completely autonomous, inconsequential sexual citizenship. As theorized by Richardson through a sexual rights framework (2000), sexual citizenship is described as the right to practice sexual relations safely and freely, the right to develop and practice one’s own sexual identity, and the right to have one’s sexual rights validated by social institutions. The facets of sexual citizenship most relevant to the present public service announcement are the right to free sexual practice and the recognition of this practice by social institutions.

Moreover, while sexual citizenship is threatened by dyspareunia, the relationship to the self is also critically affected. As presented by Corte and colleagues (2020), endometriosis related dyspareunia deeply affects social quality of life and patient relationships. Corte and colleagues’ findings are further supported by many scholars in the study of chronic pelvic pain and sexual well-being (Alcalde et al., 2021; Hawkey et al., 2022; Vitale et al., 2017); the barriers to attaining complete sexual citizenship contribute to feelings of shame. The detrimental physical and psychosocial effects associated with the loss of bodily autonomy and sexual citizenship necessitate further support for chronic pelvic pain patients.

The current discourse surrounding dyspareunia for chronic pelvic pain patients is often limited to patients seeking external care for their condition, or through practitioner facilitated referrals to specific chronic pelvic pain programs. In both afore mentioned circumstances, the patient must engage in a tremendous amount of self-advocacy to receive the information and resources that they are searching for; the responsibility to receive adequate education falls upon the backs of the patients. The present public service announcement calls upon the Canadian government to increase support and education for patients suffering with dyspareunia. This call to action can be accomplished through two separate modalities, including the provision of pelvic floor physiotherapy and counselling services supported by the provincial healthcare plan.

Therapeutical modalities such as pelvic floor physiotherapy and counselling are well regarded as effective treatment measures for dyspareunia and increased self-worth (Bergeron et al., 2016; Ghaderi et al., 2019). As demonstrated by Ghaderi et al. (2019) and their study on pelvic floor physiotherapy and dyspareunia, participants who received treatment reported significant improvement in pain and sexual well-being as compared to the control group. Moreover, Ghaderi and colleagues reported that participants who received the intervention continued to report positive changes in dyspareunia symptomology three months after the study intervention. Further, as the effect of dyspareunia mediates intrapersonal feelings of guilt and shame (Hawkey et al., 2022), psychotherapy has been investigated as an integral facet of a multimodal treatment approach. Bergeron and colleagues (2016) sought to examine pain reduction associated with cognitive behavioural therapy (CBT) in comparison to that of a topical steroid cream. Notably, the group that received cognitive behavioural therapy were more satisfied with their treatment and reported a greater reduction in pain, pain catastrophizing, and sexuality related improvements than the topical steroid group. As evidenced by the proceeding randomized control trials, it is evident that both pelvic floor physiotherapy and psychotherapy should be implemented and supported by the Canadian government to improve the quality of life and sexual citizenship of chronic pelvic pain patients.

At the time of writing, publicly funded physical and psychotherapy are not readily available to dyspareunia sufferers outside of specific chronic pain programs such as the British Columbia Women’s Hospital’s Centre for Pelvic Pain and Endometriosis (BC Women’s Hospital + Health Centre, 2023). Here, patients are placed under the care of a multidisciplinary team of gynecologists, surgeons, physiotherapists, and therapists for an allotted period of time (approximately six months). The program includes a pain workshop, two complimentary pelvic floor physiotherapy sessions and two counselling sessions. Upon patients’ completion of the program, they return to the care of their primary physician. Thus, when patients exit the program and wish to continue with physiotherapy and or counselling, they are forced to pay for these services independently.

Utilizing the support of sexual health scholarship for patients with chronic pelvic pain and dyspareunia (Bergeron et al., 2016; Ghaderi et al., 2019), the present proposal is based a similar paradigm to that of the BC Women’s Hospital and their program. However, the proposed multimodal care program fundamentally differs from that of that BC Centre for Pelvic Pain and Endometriosis as it would be available to all patients throughout the entirety of their diagnosis, continuously funded through the provincial healthcare plan. As evidenced by sexual pain research, continual adherence to a multimodal pain reduction program has the propensity to significantly improve patient quality of life (Katz et al., 2021).

In closing, the proposed public service announcement supports the liberation and sexual citizenship of women and gender diverse peoples affected by debilitating sexual pain. It is the duty of the Canadian healthcare system to honour the public accessibility of empirically evaluated life-altering services; practices that promote sexual citizenship and bodily autonomy must not be for-profit enterprises.

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