



Genital Herpes: Psychosexual Impacts and Counselling

Genital herpes is a sexually transmitted disease that has enormous psychologic and sexual consequences for the patient. Primary-care physicians must be aware of them so that they can offer infected persons the best possible counselling.

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Diagnosis of a chronic disease is generally trying news for patients. Learning that one is infected for life with a disease for which there is no cure generally brings about major consequences in the life of the patient—not only on a physical level, but also on psychologic, social and sexual levels.

If the chronic disease is sexually transmitted, as with genital herpes, there are several areas of the infected person's life that become affected. The unpredictable course and many forms the clinical

signs can take result in high levels of anxiety in this patient population (Figures 1-9). In this article, we examine the psychologic and sexual impacts of genital herpes, as well as some avenues for medical counselling.

Psychologic Impacts Of Genital Herpes

Depressive symptoms and anxiety. Among the most frequent psychologic reactions to genital her-



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Table 1

Feelings Experienced During Genital Herpes Episodes

Feelings	First episode	In the past 12 months
Depression	82%	52%
Fear of rejection	75%	52%
Feeling of isolation	69%	36%
Fear of being found out	55%	28%
Self-destructive feelings	28%	10%

pes are symptoms of depression and anxiety. Following diagnosis, many patients experience a depressed interest in life, difficulties in functioning in various spheres of their lives, and feelings of despair. These symptoms often can be attributed to the social and sexual isolation that sufferers impose on themselves as a result of the many fears they feel (*i.e.*, fear of rejection, fear of loss of respect, fear of being judged/labelled, fear of being found out, fear of passing the disease onto their sexual partner). A lowering of self-esteem is related to the depressive and anxious symptoms. Such feelings also may arise in response to the idea of no longer being able to meet one's own and other people's sexual and relational expectations. The slightest judgment or criticism of their state of health may make patients feel their personal worth is diminished or completely negated.

Anger is a common emotional reaction in patients infected with genital herpes. For many, the frustration they feel stems from a sense of powerlessness, given that it is impossible to rid oneself of the virus and that there are no certainties regarding its non-transmission. Anger may be expressed in several ways. Some become angry with the person who infected them. The feeling of having been betrayed, abandoned and used, or the belief

(whether founded or not) that the person has been unfaithful, infected them deliberately or failed to act responsibly to prevent transmission may fuel the rancor they feel towards the person who infected them. Other patients direct their anger toward themselves, and may experience self-destructive feelings. For others, anger is directed at the health professional who announced the diagnosis. Infected persons may feel resentment because the professionals are unable to provide them with a cure or simply because they feel they have been judged, or misinformed, by the professionals.

A survey conducted by the American Social Health Association found the intensity of emotional reactions to genital herpes varies depending on the progression of the infection.¹ As Table 1 shows, the emotional impacts felt during a first episode of genital herpes are stronger than those felt during recurring episodes. Over time, then, a diminution in the force of emotional reactions to the disease may be noted, even though in many people the reaction will never quite disappear.

Sexual Impact Of Genital Herpes

Genital herpes is likely to interfere markedly with the infected person's sexual behavior.

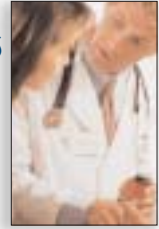


Figure 1. HSV 1 Primary infection of the vulva.



Figure 2. HSV 1 primary infection of the penis.



Figure 3. Recurrent genital lesion that was felt to be recurrent yeast vaginitis.



Figure 4. Recurrent anal lesion that was felt to be hemorrhoids.

Frequency of sexual relations and sexual desire. Many people infected with genital herpes report the frequency of their sexual relations falls sharply. For most, the reduction occurs during the period surrounding the first episode of the disease, whereas for others the situation persists for a number of years after diagnosis.¹ Sexual relations can

be reduced by several times per week or month, or there may even be complete cessation of all sexual activity. For many, this reduction in the frequency of sexual relations is associated with a total or partial loss of libido. These changes in sexual desire may vary depending on the disease's development and recurrence. Most patients find



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Table 3

Herpes Information That Should Be Provided To Patients

Medical Information

- Prevalence of herpes
- Signs and symptoms of herpes
- Transmission modes
- Precautions to prevent herpes transmission
- Available herpes treatments
- Possible health consequences of herpes

Psychologic and Sexual Information

- Possible psychologic and sexual reactions following a diagnosis of genital herpes
- Common psychologic and sexual reactions to the diagnosis of genital herpes
- Importance of not isolating oneself
- Various psychosexual and social resources that may help patients cope better with herpes

Table 2

Sexual Impacts of Genital Herpes

- Partial or complete cessation of sexual activity.
- Total or partial loss of interest in sex (desire).
- Decreased sexual pleasure.
- Sex life more inhibited and less spontaneous.
- Anxiety related to sexual desirability.
- Increased masturbation.

their sexual desire reduced only during symptomatic periods, while for others, the loss of interest in sex continues during asymptomatic periods.

Autoerotic sexual activity. Many genital herpes patients report they have masturbated more frequently since diagnosis. The reasons most often cited to explain this increase include the absence of a sexual partner and the fact that masturbation involves no risk of rejection.² Masturbation can, thus, become a safer means of meeting sexual

needs because it is less likely to arouse the anxiety associated with investing in sexual relations with another person.

Sexual pleasure and orgasm. It is not uncommon to hear people living with genital herpes complain of obtaining less pleasure from sexual relations. This reduction in sexual pleasure may manifest in a variety of ways—some find difficulty in reaching orgasm, while others derive less satisfaction and pleasure from their orgasms.

Spontaneity and sexual freedom. A high proportion of people with genital herpes observe the infection has restricted their sexual freedom. Many report that, since the infection was diagnosed, their sexual relations have been far less spontaneous in nature. Instead, sexual activity is planned and organized around preventing transmission of the infection and the onset of recurrences.

Wearing of condoms. For most people, genital herpes infection increases the need to wear condoms for their own protection and that of their partner. In general, use of condoms increases dur-



ing crisis periods, where the partner is not infected with herpes, or in the context of a casual relationship.²

Desirability. Infected people often show a degree of anxiety regarding their sexual desirability. The negative body image many patients develop in relation to herpes causes them to doubt their ability to arouse sexual desire in another person.

Table 2 shows the sexual impacts of genital herpes.

Understanding The Consequences Of Herpes On Sexuality

Many factors contribute to changes in the sexuality of those infected with genital herpes. The depression, anger and anxiety observed in many patients are among the factors that interfere with sexual function. It is hardly surprising that someone experiencing such emotional states should find their sex life affected. These psychologic states are not conducive to sexual desire and pleasure.

To be at ease with one's sexuality, it is vitally important to be at ease in one's mind and with one's body. In this regard, we can understand the lowered sex drive and reduced pleasure during sexual relations are related to the lowering of the feeling of desirability experienced by most genital herpes sufferers. Since the feeling of being desirable often stimulates one's own sexual desire, it is not surprising to find those who feel they have lost their ability to attract also lose, for the most part, their interest in sexual activity.

Moreover, at the physiologic level, the various discomforts associated with genital herpes also can interfere with sexual interest and pleasure. When one feels pain from herpes sores or elsewhere in the body, it is perfectly normal to be less inclined to invest in a sexual relationship. Lastly, inhibitions, prejudices (one's own or other people's) and the various fears related to personal and sexual experience also may lead infected individ-

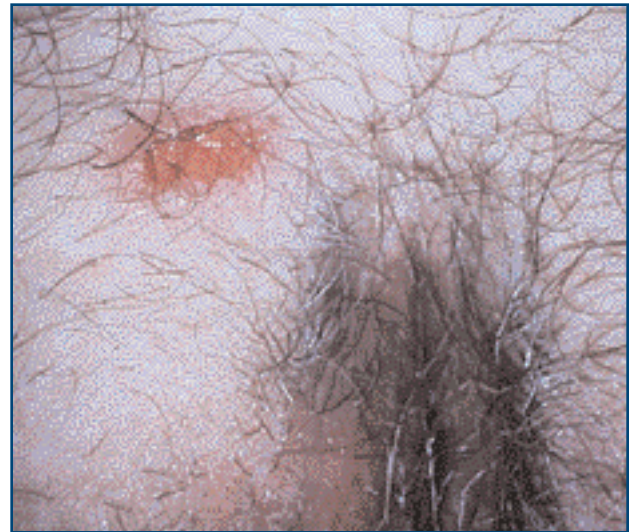


Figure 5. Recurrent lesion that was felt to be recurrent bacterial infection.



Figure 6. Recurrent lesion that was wrongly diagnosed as recurrent shingles.

uals to shy away from opportunities for a satisfying sexual relationship.

Avenues For Medical Counselling

As we have seen, learning that one is infected with genital herpes is generally accompanied by a range



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Table 4

Helpful Attitudes of Physicians

- Empathize and be open-minded with patients. Understand, accept and validate their emotions.
- Simplify the information provided.
- Ensure that the patient has understood the information correctly.
- Offer one or more follow-up appointments to ensure the information provided has been clearly understood.
- Schedule longer appointments.
- Provide literature and references.
- Refer the patient to specialized genital herpes resources.

Table 5

Examples Of Tactless And Unhelpful Comments

- "Herpes is a minor problem, an annoyance."
- "You're lucky it isn't AIDS."
- "Why don't you stop thinking about it?"
- "Recurrences would be less frequent if you only stopped worrying about it so much."
- "Don't tell anyone."
- "You are contagious only when lesions are active."
- "I've never met anyone with so many recurrences as you."

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Adapted from reference 3

Children's MOTRIN^{*}. Relieves

ibuprofen



† Randomized, double-blind, acetaminophen controlled trial of 84,192 generally well children.

†† Double-blind, parallel group, single-dose study; 5 mg/kg ibuprofen (n=32) vs. 10 mg/kg acetaminophen (n=33); p=ns.

††† Significantly greater percentage of children (55.4%) preferred Children's MOTRIN^{*} versus those who preferred Children's Advil[®] (39.9%) n=305, 99% confidence interval.



Table 6

Helpful Resources For Genital Herpes Patients

Ruban en Route
Tel: (514) 855-8995

E-mail: ruban-en-route@qc.aira.com.

This organization was formerly part of the Centre de ressources et d'interventions en santé et sexualité, a community organization focused on prevention, education and support related to STDs (especially viral) and sexual health in general. The services offered are:

- STD help and information line
- HSV and HPV support group
- Psychosexual consultation

The American Social Health Association

Tel: (919) 361-8400

Fax: (919) 361-8425

Internet site: www.ashastd.org

This organization publishes *The Helper* every three months.

Pain, And Fever For Up

Safety Profile

- The safety profile of ibuprofen has been clinically proven comparable to acetaminophen in over 84,000 generally well children¹
- No link with Reye's Syndrome found¹¹
- Over 11 years of clinical experience in the US have demonstrated the safety profile of pediatric ibuprofen²

Efficacy Profile

- Comparable antipyretic efficacy to acetaminophen shown²¹¹
- Long-lasting fever, and pain relief²

Ibuprofen should not be administered to patients who are known to be hypersensitive to ASA or other NSAIDs, have systemic lupus erythematosus, acute peptic ulcer, gastrointestinal bleeding or are severely dehydrated. Please see prescribing information for warnings, precautions and contraindications.

Lesko SM, Mitchell AA. An assessment of the safety of pediatric ibuprofen. A practitioner-based randomized clinical trial. *JAMA* 1995;273(12):929-933.¹

Many product choices and a great berry taste kids prefer.³¹¹¹



Children's MOTRIN*. Strong Relief That Lasts.

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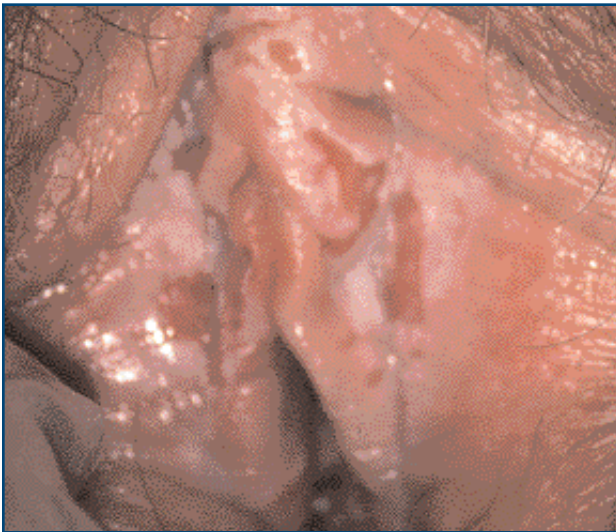


Figure 7. Recurrent lesions in a HIV positive women.



Figure 9. Typical recurrent lesions of the penis shaft.

of strong emotions, which are difficult for the person concerned to deal with. Since physicians are the key figure in the announcement of the diagnosis and in follow-up, they are likely to observe strong emotional reactions in their patients.

To meet this reality head-on and provide the best possible help to patients, physicians need to be well prepared. Two key elements will help



Figure 8. Non-primary initial genital infection presenting as acute bacterial cystitis.

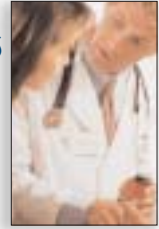
physicians to encourage their patients to deal with genital herpes in a positive manner: the provision of relevant information to patients; and a positive, open-minded attitude toward them.

Information to be provided to patients. To help patients overcome problems related to the diagnosis of herpes, physicians should provide useful, up-to-date information on the infection (Table 3). Concrete information helps patients to better understand what is happening to them and to feel they can handle the situation. Patients generally want two kinds of information from their doctor: medical information on herpes; and information on the psychosexual aspects of the infection.

In terms of medical information, patients need to be informed about the disease's prevalence; signs and symptoms; modes of transmission; precautions to be taken to prevent transmission (especially during asymptomatic shedding); available treatments (medications and therapies); and possible consequences of the disease (on pregnancy, sexuality, *etc.*).

As for information on the psychologic and sexual aspects of herpes, patients must be informed about the

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importance of not isolating themselves; common psychologic and sexual reactions they can expect; and the various psychosexual and social resources that may help them adjust to having herpes. Receiving information on the psychologic and sexual aspects of herpes encourages patients to be more accepting of their own reactions and deal with them better.

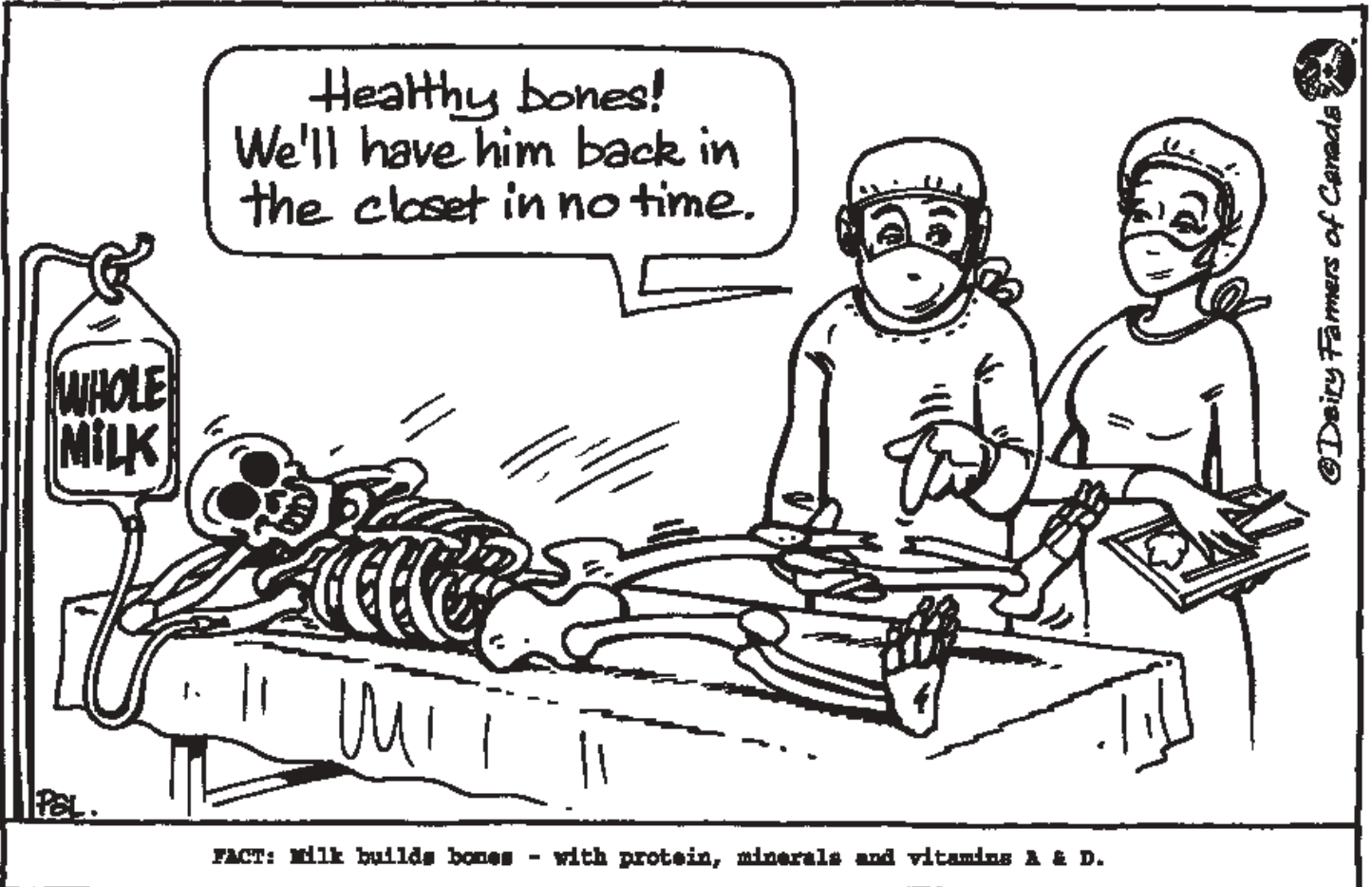
Unfortunately, this type of information is all too often neglected during medical counselling. In fact, many patients say they are extremely dissatisfied with the information provided by their doctor in these areas. Clearly, physicians who deal with people infected with genital herpes need to address this problem.

Helpful attitudes of physicians. In addition to the information he or she provides, the physician's

attitude during medical counselling has a crucial bearing on how patients perceive herpes and how they adapt to the disease (Table 4). The physician should show empathy and open-mindedness when talking about herpes with patients. Patients need to feel that their doctor understands, accepts and validates the feelings they may express. For herpes sufferers, a positive attitude on the part of the physician generally minimizes the negative impacts associated with having the disease.

On the other hand, a physician who is uncomfortable with, judges, trivializes or ignores the emotional reactions of his or her patients is likely to amplify the cycle of anger, guilt, isolation and fear they experience. A list of ill-considered comments made to patients by physicians (to be avoid-

DAIRY TALES





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ed at all costs during medical counselling) is given in Table 5.³

To ensure patients correctly interpret and understand the information provided, physicians need to be able to communicate the information plainly and simply. As the shock of a diagnosis may affect a patient's ability to understand, it also is important that physicians schedule one or more follow-up appointments with patients to ensure the information has been clearly understood and to offer the patient a chance to ask questions. Furthermore, physicians should consider scheduling longer appointments when a diagnosis such as herpes is to be announced. This ensures the physician has the time to provide both information and support to patients.

Moreover, to help patients keep themselves informed between follow-up medical visits, physicians can provide them with literature and references. Patients can, therefore, continue to inform themselves about herpes at their own pace and find out where to get specialized help, if needed. Table 6 provides a few suggested resources for genital herpes patients. Access to specialized herpes-related support usually contributes to a decrease in the frequency and severity of outbreaks, as well as to significant improvements related to emotional distress. Genital herpes support groups also will help the patient adapt to the disease. Infected people often find their depression or anxiety diminishes when they can express their feelings and talk to others who are living with similar problems. Support groups also offer an excellent way for participants to break out of the isolation they frequently find themselves in.

An individualized approach provided by a therapist (sexologist or psychologist) specializing in herpes can be very helpful to patients more comfortable with one-on-one, rather than group, therapy. This type of help also is recommended for people who have been unable to regain a certain level

of well-being and psychosexual balance since diagnosis.

Conclusion

In summary, genital herpes brings serious psychological and sexual impacts that physicians must consider during medical counselling. Physicians, by their attitude and ability to communicate information, can make all the difference in how infected people view their lives with genital herpes—positive and full of potential, or hopeless and shameful. It is, therefore, important physicians be particularly vigilant when dealing with these patients to help them adapt as well as possible to the disease.

CME

References

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2. Clarke P: Results of the 1991 ASHA HSV Survey: Psychosocial and medical aspects of genital HSV infection. Proceedings of a conference for help group coordinators. Houston, 1993.
3. Steben M: *About People Living With Genital Herpes*. The Québec Federation of General Practitioners, Montreal, 1997, p. 211.

Put Your Knowledge to the Test

Answer the questions in our quiz found on page 183 and send the response card to the University of Calgary for CME credits.