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Sexually Transmitted Infections

Impact on Individuals and Their Relationships

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COMPETING INTERESTS: None declared.

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Abstract

The impact of having genital herpes and genital human papilloma virus (HPV) on individuals and their relationships was investigated. A qualitative research methodology explored the lived experiences of 30 adults with genital herpes (15 men, 15 women), and 30 adults with HPV (15 men, 15 women). This study addressed individuals' feelings about the impact of stigma associated with having an STI, the impact of having an STI on sexuality and on intimate relationships, and feelings surrounding the process of disclosure. Implications of the findings for research and clinical practice are discussed.

Keywords

- *genital herpes*
- *genital human papilloma virus*
- *sexuality*
- *sexually transmitted infections*
- *stigma*

GENITAL herpes and genital human papilloma virus (HPV) are medically incurable infections that are likely to have a strong psychological impact on diagnosed individuals. The stigma associated with having an STI is a significant emotional burden for individuals living with these conditions (Lee & Craft, 2002; Nack, 2000, 2002; Perrin et al., 2006). The way in which the stigma surrounding these conditions manifests in the lives of diagnosed individuals has yet to be thoroughly explored in research.

An STI diagnosis has been shown to impact strongly on an individual's feelings of sexuality and desirability (Melville et al., 2003; Nack, 2000; Zacharioudakis, 2001), and this impact has been shown to be a concern of individuals diagnosed with this condition (Patrick, Stanberry, Hurst, & Rosenthal, 2003). However, the actual impact of having an STI on the sexuality of individuals with herpes and HPV has not been thoroughly investigated.

Similarly, there has been limited research investigating the processes involved in STI and relationship dynamics, despite theoretical and clinical practice literature acknowledging that the impact of an STI on intimate relationships is likely to be significant (Newton & McCabe, 2005a, 2005b; Zacharioudakis, 2001). Research on the disclosure of having an STI has focused primarily on how individuals disclose their STI (Lee & Craft, 2002; Swanson & Chenitz, 1993) and their reasons for disclosure or non-disclosure (Green et al., 2003; Keller, von Sadovszky, Pankratz, & Hermesen, 2000; Lee & Craft, 2002). To date, there has been limited systematic research on whether factors influencing disclosure or non-disclosure of one's STI status differ according to whether a partner is a casual partner or a regular partner. This is an important factor in whether someone is likely to continue disclosing their STI to future partners and is worthy of exploration.

The aim of the present study was to extend on research in the areas of stigma, sexuality, relationships, and disclosure associated with STIs. The use of a qualitative research methodology was considered most suitable for the purposes of this study, due to there being little or no research in some of the areas under exploration.

Method

Participants

Participants were 30 adults with genital herpes (15 men and 15 women) and 30 adults with genital HPV (15 men and 15 women), age range = 19–59

years ($M = 22$ years). Participants were recruited from genital herpes and HPV support groups and online STI support communities. Interested individuals with herpes or HPV (both visible warts and/or cervical infections) were asked to contact the researchers by email.

Design

A qualitative research design was used in the current study in order to identify themes associated with the impact of having an STI on individuals and their relationships. Theoretical and empirical literature in the area was used to generate questions for the current study.

Procedure and materials

Following approval by the Deakin University Human Ethics Committee, information about the study was posted on STI websites, support groups, and online communities. Interested participants were emailed information about the study and the interview schedule as an attachment. The interview consisted of four questions to which participants were asked to respond.

1. 'Stigma is often associated with having an STI. If you have experienced stigma, please explain the impact of this stigma on your feelings about yourself, your sexual activities, your mood, or any other aspect of your life.'
2. 'Has having an STI affected your sexual identity or sexuality in any way? Please explain.'
3. 'What impact (if any) has having an STI had on your current relationship or previous relationships? Please think about any impact of the STI on sexual behaviour, emotional support, intimacy, partner's perception of you, etc.'
4. How do you feel about disclosing your STI to a regular or casual partner?

Data analysis

A general inductive approach was used to reveal the themes that emerged from the data. All responses to the interview questions were read several times in order to gain familiarization with their content. Diagrams were created in order to link emerging themes from the data and segments of interview text were manually coded under each of the emerging categories. After a fourth reading of the interview responses, no new themes emerged. In order to ensure the reliability of the analysis and to guard against the possibility of subjective bias, a second

independent rater rated a subset of the questionnaires (70%). Level of agreement between the first and second rater was high. The themes to arise out of this analysis are presented below.

Results

Impact of stigma associated with having an STI

The majority of respondents reported that the stigma associated with having an STI made them feel depressed, sad, or upset: 'Having herpes really depresses me at times. Not so much the fact that I have it, but no matter what protection is taken there is always a risk to other people you have sex with' (Female, 33, herpes).

A high number of respondents felt that the stigma of having an STI had either negatively impacted on their sexual behaviour or had hindered their relations with the opposite sex. Many respondents reported feeling unworthy of the attention of the opposite sex due to the stigma surrounding their condition:

I cannot imagine having another sexual relationship. I do not believe anyone would want me. I no longer flirt. When men try to chat me up I am very dismissive. I think to myself if they really knew what I was like they would run a mile. (Female, 38, herpes)

Several individuals with an STI reported that the stigma of having an STI made them feel damaged in some way. Respondents felt dirty, tainted, unclean, or less of a person as a result of having an STI: 'I am ashamed. I feel dirty, unclean. I cannot imagine having another sexual relationship. I do not believe anyone would want me' (Female, 38, herpes).

Several respondents actively rejected the stigma of having an STI or felt that the stigma surrounding these conditions had no impact on their lives:

I have been faced with the judgement of others, but I don't believe herpes is punitive or a curse on me. If I did think it was my fault, what difference would it make? I'd still have herpes, only I'd also hate myself for it. I really don't have the energy for that. (Female, 34, herpes)

The impact of stigma decreases over time according to several respondents. This often appeared to be associated with better management and adaptation to living with the condition:

Having HSV-2 affected my self-esteem more than anything in the beginning and in doing so it affected

my personal life as well. But as I learned to accept herpes as part of my life and as I learned how common it was ... I grew to realize that through my carelessness, I was lucky I didn't end up with something much worse. (Female, 32, herpes)

Several respondents reported that the stigma surrounding having an STI caused them to withdraw from interacting with others or withhold elements of themselves during social interactions:

I hate myself for catching the disease, I hate myself for the possibility that I might transmit it to someone. I've isolated myself a lot in the past two years. My work allows me to work on my own. I barely talk to anyone because I feel so bad about myself and I'm afraid they'll discover and reject me. (Male, 25, HPV)

A small number of respondents felt that the stigma surrounding having an STI had a positive impact on their lives. These respondents reported that the experience of having an STI had caused them to self-reflect and improve aspects of their life or health:

For me, I think that [contracting HPV] was ultimately an empowering experience. It was the catalyst for me to improve my health and do some work on how I deal with crisis/conflict through therapy. I've used it as a chance to get some real, solid information about 'safer sex'. (Female, 32, HPV)

Impact of STI on sexuality

The majority of respondents reported that having an STI had in some way restricted their sexuality. Respondents felt that because of their STI their sexual behaviour was restricted, they could not legitimately make sexual advances towards others, or they had to be more careful during sexual encounters: 'Having an STD had affected my sexual life because when I have intercourse I feel scared of passing the HSV on to the woman I'm with and I don't enjoy the experience the same way I used to' (Male, 29, herpes).

Many respondents with HPV felt less sexually desirable or less attractive to others since contracting an STI: 'I feel like I am a less desirable woman since I have contracted HPV. I feel that most men will reject me and that I am not going to be wanted anymore' (Female, 25, HPV).

Many respondents reported that having an STI had contributed to a significant decrease in the number of sexual experiences they had, or had led to a complete cessation of their sexual behaviour:

'Sex is no longer in the picture and abstinence is the best way. I will be going in for laser surgery soon and I guess I will think about anything else only after I have sorted myself out' (Female, 21, HPV).

Many respondents reported that while having an STI initially had a large impact on their sexuality, over time this impact had decreased greatly: 'Initially, I felt that having herpes made me gross. That I was all of a sudden ugly, disease-ridden, and non-sexual. At this point, however, I feel back to normal. I know that my sex life isn't over' (Female, 25, herpes).

A small number of respondents felt that having an STI had no impact on their sexuality:

I am a very sexual and passionate person by nature. Having herpes does not impact my sense of self in any sort of negative way. The only thing it does is that before I have a sexual relationship with a partner I discuss sexual history with them and take responsibility for it. (Male, 41, herpes)

Impact of STI on relationships

The most common theme reported by respondents was that having an STI had an impact on their sexual behaviour within their relationships. Some respondents felt that having an STI affected their sexual spontaneity, others felt they had to alter their sexual activities, others reported that having an STI had changed the way they felt about engaging in sexual activities, often leading to tension within their relationships:

Before the herpes I was very sexually active. Now I am not. I now associate sex with harmful consequences, such as getting an STD and I feel safer now that I am not very active. I feel okay not having sex but my partner does not. So there is tension. (Female, 27, herpes)

A very high number of respondents reported that having an STI had caused some form of conflict or miscommunication in their relationships:

My partner is enmeshed in guilt and I feel angry, hurt, and betrayed. I have been unlucky in that I experience frequent outbreaks and suffer constantly with prodromal symptoms. We both feel worse when this happens. My partner feels too guilty to offer me support. This makes it difficult to talk to him about how I feel. (Female, 38, herpes)

Many respondents reported that they either avoided or considerably slowed down the progression of their sexual relationships in order to delay having to disclose their STI status:

I have been trying to avoid sexual situations even though I like this person very much both emotionally and physically. I would like to be more intimate with this person but I don't want to tell her about what I have. (Male, 34, HPV)

Several respondents reported that having an STI either had no impact or a positive impact on their current or previous relationships:

I found out I had HPV three years into my current relationship. Nothing changed. He still accepts me and respects me regardless of HPV. Since I ultimately passed this virus onto him, I was afraid that he would start to resent me and our relationship. But just the opposite happened. We became closer and our love grew in leaps and bounds. (Female, 25, HPV)

Several respondents reported that having an STI affected their choice of partner in some way. Several respondents sought out partners who shared the same STI, some used their STI as a screening tool, while others remained in unhappy relationships because of their STI: 'My previous relationship was a horrible relationship, but the man that I was with did not have a problem with my HPV status. He was there for me if he thought that I was feeling bad about my HPV' (Female, 25, HPV).

Several respondents reported that having an STI had caused them to retreat from the formation of intimate relationships:

I have avoided women I care about. I have actually ended relationships because I am afraid of discussing my herpes. I have not been intimate with a woman for years and even when I felt close to someone the idea of my herpes drove me away from them. (Male, 41, herpes)

Feelings about disclosing STI to a regular or casual partner

The majority of participants reported that they experienced feelings of depression, anxiety, or fear when they felt they had to disclose their STI to another individual: 'I feel apprehensive about having to disclose this information to a sexual partner. I know that I will feel vulnerable at that moment, and I know there is potential for rejection' (Female, 25, herpes).

Many respondents reported that they tried to avoid disclosing their STI where possible, primarily because of a fear of rejection. Some were afraid of the information travelling to unintended others; others went to the extreme of ending relationships

before they became sexual. One married woman experienced health complications as a result of having herpes and could no longer have sexual intercourse. She spoke about her fear of rejection:

I would NEVER disclose the fact that I have herpes to anyone. If somehow I ended up single today, I would never again pursue a relationship with a man. First of all, what man would want a woman that couldn't have sex? Secondly, I could never deal with the rejection. I don't know how women do it. (Female, 43, herpes)

Many respondents reported that they would tell all sexual partners, regardless of whether or not they were regular or casual. Most of these respondents felt that disclosing their STI status was the morally correct thing to do and did so in order to protect themselves and their partners:

I have no problem disclosing my condition to a potential partner. I have the legal and moral responsibility to do so. Everyone has the right to make an informed decision. The cycle has to be broken somewhere, or else the disease will keep spreading. (Female, 27, herpes)

A small number of respondents reported that they never disclosed to casual partners:

I haven't had regular partners since I got HSV and the few times I've had sex I've been with casual partners so I haven't told them. Plus, I've made sure to use all the protection possible to not pass the virus on. (Male, 29, herpes)

Discussion

The aim of this qualitative study was to explore of the impact of having an STI on individuals and their relationships. There are several limitations to the interpretation of these results. First, the relatively small sample size limits the degree to which results can be seen as representative of individuals with herpes and HPV. Second, as recruitment of respondents took place via the Internet, it could not be reliably ascertained that these individuals had been diagnosed with an STI by a qualified medical practitioner. Therefore, there is the potential for respondents to have engaged in self-diagnosis, which may or may not be accurate. Finally, as respondents were obtained from online support groups it may be that these individuals were more psychologically impacted by their STI diagnosis than individuals who did not utilize such support groups.

Despite these limitations, the findings have several implications for research and clinical practice. It is clear that having an STI can have a significant impact on both individuals and their intimate relationships. The results show that having an STI and the issues surrounding having an STI such as stigma, can impact on mood and sexuality. Furthermore, individuals with an STI may find that their condition affects their relationship, for example by altering sexual behaviour within the relationship, or being a source of conflict within the relationship. Health practitioners involved in the management of individuals with an STI can make a significant difference to the adjustment of these individuals (Warren & Ebel, 2005) and should allow time for discussion of these issues, which are likely to be of some concern to the infected individual, particularly at the time of diagnosis.

The disclosure of STI status is a process that may be fraught with anxiety and fear, and negative reactions to disclosure may cause individuals to retreat from future disclosure of their STI. In the interests of public health, such issues also need to be addressed by those involved in the care of infected individuals. Individuals with an STI should be offered techniques to aid in disclosing their STI status to partners, and should be provided with useful coping strategies to assist them in adapting to the outcome of such disclosures. Provision of written information and referrals for additional information and support services may also assist in this process. The implementation of informed counselling strategies by health practitioners is likely to reduce the amount of anxiety and fear surrounding living with an STI and lessen the impact of the STI on the infected individual's intimate relationships. Further research is necessary to develop such resources for people with STIs in order to assist them in the psychological adjustment and management of these conditions.

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