

SEXUAL DESIRE DIFFICULTIES IN HIV: A CASE STUDY

Ranjith Pathirage

B.A., (Soc), BSW., MSc., Dip. Sexual Health Counselling, Dip. Couple & Family Therapy.

Social Worker / Sexual Health Counsellor,

Sexual Health Clinic, Royal Newcastle Hospital, PO Box 664J, Newcastle, NSW, 2300

DEMOGRAPHIC BACKGROUND OF THE COUPLE

- **Partner A**, gay male, early thirties, HIV positive for 11 years
- Has had one heterosexual and multiple gay relationships prior to current relationship
- Completed high school, has own business
- **Partner B**, gay male partner, 14 years older than Partner A, HIV positive for 15 years
- Completed tertiary level education and is currently working
- They have been in a defacto gay relationship over six years

The Referral

- Previous counselling with female counsellor at Relationships Australia
- Referral to Sexual Health Counsellor from a private HIV specialist after Partner A reported stress due to his partner's sexual desire difficulties and other psychosocial issues
- Plan: Two individual counselling sessions with each, followed by eight joint counselling sessions

Partner A: Psychosexual Problems

- He had one female partner and 3 male partners prior to HIV diagnosis, 2 male partners after HIV diagnosis, no major sexuality-related problems with them
- He is currently distressed by his partner's (Partner B):
 - lack of desire to initiate sex
 - lack of sexual interest to continue sex until he experiences orgasm
 - inability to maintain an erection (sometimes)
 - no interest in different sexual activities I.e body massage, oral sex, mutual masturbation, exchange of sexual roles (from receptive to insertive)
 - no interest in communicating openly about sexual problems
- Separation is not possible as they made a commitment together
- He feels he has a good relationship with partner despite sexual problems

Health Assessment: Partner A

- HIV positive 1994, HCV +ve 'years ago', HBV vaccinated
- CD4 count 380, VL undetectable
- Anal herpes simplex (sometimes) and genital warts
- Currently on antiretroviral therapy
- Heavy smoker (25-30 cigs/day), daily marijuana
- Survivor of sexual assault two years ago

Partner B: Psychosexual Problems

- Has had 2 male partners prior to HIV diagnosis, 3 partners since HIV diagnosis, no significant sexuality issues with them
- He is currently stressed by his partner's (Partner A) following issues:
 - partner is often demanding sex, masturbates on his own, never satisfied
 - need to have almost daily sex when he believes weekly is more appropriate
 - partner making demands that he consider taking Viagra despite his belief that he is taking enough drugs
- When Partner A. demands sex, this causes high levels of anxiety
- Partners flirtation with other gay men intimidates him
- Feels rejection when partner utilises pornography for masturbation
- Fears of losing partner due to age and sexual desire differences

Health Assessment: Partner B

- HIV +ve 1988, HBV +ve 1987
- Painful anal warts
- Smokes marijuana regularly, IV amphetamines occasionally, cigarettes 20/day
- Currently on antiretroviral therapy
- Often experiences forgetfulness, lack of concentration and tiredness
- Survivor of two previous sexual assaults

Theoretical Framework

- Cognitive Behavioural Approach
 - developed trusting empathetic professional relationship with both partners and completed individual psychosexual histories
 - utilised balance and neutrality counselling approach
 - used sensitivity and non-confronting counselling, working with both partners

Intervention Plan

- Explored with both partners
 - enhancing their communication style and intimacy level (helped them to role play & to use sexual language)
 - strategies to improve their relationship (e.g. stop blaming, realise it is “our concern” rather than an individual’s own problem)
 - negotiation to acknowledge other partner’s sexual & emotional needs
 - the potential to go on a holiday and break away from routine activities
- Explored with Partner B
 - how he can participate in different sexual activities e.g. body massage, oral sex, mutual masturbation and individual masturbation with partner’s participation
 - how he can ventilate his anger and resentment towards his past sexual assault
- Explored with Partner A
 - how he can encourage partner to develop self-confidence about sex, how to reduce tension and his insecurity
 - how he can participate in couple sex instead of solitary masturbation
 - how he can ventilate his anger and resentment about his past two sexual assaults

Suggested Strategies

(Using PLISSIT Model)

- Provided education on male body & sexual organ function during sex and provided written literature
- Provided information about causes of low sexual desire e.g. drugs (prescription and recreational), alcohol, past sexual assault, fear of transmitting STIs, fear of being hurt and hurting partner during anal intercourse
- Suggested both partners touch each other to heighten awareness of other's body and level of sexual arousal (Sensate Focused Technique)
- Suggested both partners jointly watch gay sex videos and read magazines to increase sexual desire prior to having sex
- Suggested both partners use sex toys i.e. dildos, dildo harness, anal beads, & vibrators for other partner to achieve orgasm
- Discussed safe sex practices & advised to use condoms when sharing sex toys

Challenges

- Development of trust
 - it took some time for both partners to trust the Sexual Health Counsellor as they did not work with male Counsellor in the past
- Power imbalance
 - there was a perceived power imbalance in the relationship: Partner A was 15 years younger than his partner, financially better off, support from family members / friends, but Partner B had no family members around, earned less money than his partner, socialises with only partner's friends
- Stigma
 - both were reluctant to attend counselling at the Sexual Health Clinic due to fear of HIV status become known to the public
- Male-to-Male Sex Practices
 - Counsellor's limited knowledge of gay-specific sexual practices
- Medical vs Psychosocial
 - difficult to determine causation with multiple medical issues e.g. age difference, HIV status, current medication, recreational drugs, anal warts & anal herpes

Evaluation of Outcome

- At the completion of the course of counselling sessions:
 - Both partners acknowledged that their communication had improved
 - Both admitted that they had a chance to ventilate their unresolved anger and resentment about past sexual assault
 - They had stopped blaming each other and their intimacy had also improved
 - Both were motivated to be involved with different sexual activities on a regular basis
 - They took a holiday to overseas together