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# How Discordant HSV Status Impacts Dyadic Relationships: A Grounded Theory Study

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HOW DISCORDANT HSV STATUS IMPACTS DYADIC RELATIONSHIPS:  
A GROUNDED THEORY STUDY

By

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A THESIS

Presented to the Faculty of  
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Under the Supervision of Professor Allison M. J. Reisbig

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HOW DISCORDANT HSV STATUS IMPACTS DYADIC RELATIONSHIP:  
A GROUNDED THEORY STUDY

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University of Nebraska, 2017

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The Centers for Disease Control and Prevention (CDC) reported in 2008 that there were an estimated 110 million sexually transmitted diseases (STDs) among men and women with an estimated 19.7 million new cases every year in the United States (CDC, 2015). Having an STD is associated with negative individual and relational consequences (Beckerman, 2002; Brentjens, Yeung-Yue, Lee, & Tyring, 2003; Drob, Loemer & Lifshultz, 1986; Mark, Gilbert & Nanda, 2009). The combination of the high prevalence of STDs and the associated relational distress makes it likely that working with couples affected by STDs is a common experience for individual and couples therapists. The literature base supporting clinical best practices in working with individuals and couples affected by STDs is highly limited. This study used a constructivist grounded theory approach to develop an understanding of common difficulties, resiliency, and resources available to couples with discordant HSV status. The goal of this research is to inform clinical best practices for working with couples impacted by HSV, specifically, and STDs, generally.

To all those who believe in me.

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## Chapter I: Introduction

Envision that one day while you were showering you noticed what you thought was the beginning of a blemish or ingrown hair popping up on your mouth or genitals. Now picture that as the week went on this blemish or ingrown hair multiplied and became more and more painful. If this were your situation, what would your first thoughts be? Imagine that you went to the doctor and found out that you had a diagnosis of Herpes Simplex Virus (HSV). What initial thoughts would you have about yourself? What would be your initial thoughts about your relationship? Would these initial thoughts change if your relationship status changed in the future?

Can I have children? How did I get this? Will my partner still love me? Will my parents disown me? Did my partner cheat on me? Did I already have this? Did I cheat on my partner and forget about it? All of these are questions that could arise with the diagnosis of a sexually transmitted disease (STD). Based on the research literature, there is an initial individual loss of self-esteem (Drob, et al., 1986), impact on sexual functioning (Melville et al., 2003), as well as feelings of emotional distance, betrayal, and distrust in one's partner (Beckerman, 2002) when diagnosed with an STD. The robust impact of STDs on the sexual and reproductive anatomy of the body has been established (Gerbase, Rowley, & Mertens, 1998). However, research on the proceeding impact of STDs on couple relationships where sexual and emotional intimacy is foundational (Yoo, Bartle-Haring, Day, & Gangamma, 2014) is limited (Beckerman, 2002; Brentjen et al., 2003; Drob et al., 1986; Mark et al, 2009). As such, when viewing the impact of STDs through a systemic perspective, STDs not only become an individual and public health

issue, but also a relational issue that expands beyond the number of individuals who have contracted an STD.

The Centers for Disease Control (CDC) reports that in 2008 there was an estimated 110 million STDs among men and women with an estimated 19.7 million new cases every year in the United States. With the increasing number, more than half of all people living in the United States will have an STD at some point in their lives (CDC, 2015). STDs can be broken up into two different categories, chronic STDs (e.g., herpes simplex virus [HSV], human immunodeficiency virus [HIV], hepatitis B, and acquired immunodeficiency syndrome [AIDS]) and acute STDs (e.g., chlamydia, gonorrhea, and syphilis). Unlike acute STDs, chronic STDs only have medication available to combat the symptoms of the infections rather than cure the infection completely (CDC, 2015).

There is no research indicating the prevalence of STD-related issues in therapy, but the high prevalence of STDs combined with the intimate relational nature of STDs makes it likely that working with a couple or individual with an STD is a common problem seen by individual and couples therapists. The handful of STD-related relational literature shows both positive and negative impacts on intimacy such as decreased commitment and feelings of mistrust and betrayal but also increased commitment and valuing of time together (Beckerman, 2002). As a way to strengthen this literature base, the focus of the present study is on couples with discordant HSV status (i.e., couples in which one partner is diagnosed with HSV and the other is not). This population was selected due to the limited relational research pertaining to HSV and the complex dynamic of discordant couples as they negotiate their relationship.

The transference of HSV is a complex process that can occur in many ways. Although there are almost 80 herpesviruses known to cause infectious disease to humans, there are two sub-types of the herpesvirus that can either stand-alone or coexist. These sub-types are known as Herpes Simplex Virus-1 (HSV-1) and Herpes Simplex Virus-2 (HSV-2) (Mark, Dhir, & Roth, 2015). HSV-1 is often transmitted during childhood through nonsexual contact and developed in non-genital areas such as the mouth and eyes. In contrast, HSV-2 is frequently attributed to sexual contact and risky behaviors (e.g., unprotected sex and multiple partners) resulting in the development of genital herpes (Beydoun et al., 2009). Although both types may be transmitted via genital-genital or oral-genital contact, recent studies have shown that many new cases of genital herpes are caused by the HSV-1 strain (Hofstetter, Rosenthal, & Stanberry, 2014). Both HSV-1 and HSV-2 are chronic, lifelong infections and can be transferred via shedding of the virus while the individual is both symptomatic and non-symptomatic (Mark et al., 2015). Once infected genitally, the HSV virus exists in the nerve roots of the sacral plexus within the pelvis and often causes recurrent outbreaks (Brentjens, et al., 2003).

### **Purpose Statement**

The purpose of this study is to develop a theory to better understand common couple difficulties, couple resiliency, and resources available to couples affected by HSV. In other words, how do HSV-discordant partners navigate their relationship? Do they struggle with feelings of mistrust and betrayal as well as increased commitment and intimacy? If so, what resources or skills move the couples from betrayal to increased intimacy? Or do the feelings of betrayal and increased intimacy occur simultaneously? All of these are questions that, if answered, could help clinicians guide their therapeutic

work, doctors assure their patients, and individuals understand their experience.

Therefore, the goal of this research is to inform clinical best practices for working with couples impacted by HSV, specifically, and STDs, generally.

Since very little is known about the relational impact of STDs in general, a constructivist grounded theory approach was used to understand the impact of HSV on couple relationships. Grounded theory is a method of basic research that makes very limited, if any, assumptions toward the outcome (Glaser & Strauss, 1967). Constructivist grounded theory seeks to create constructs of meaning with participants that include their unique differences and understand the nuances of their experiences (Charmaz, 2006). The overarching research question is: How do couples with discordant HSV status negotiate these dyadic relationships? Through this research, the focus is on generating theoretical ideas, themes, or hypotheses from the data collected in the study. Subsequently, the theoretical ideas, themes, or hypotheses developed from the study are intended to guide clinical practitioners in helping clients who are struggling with HSV- and STD-related problems in their relationships.

## **Chapter II: Literature Review**

The majority of the research on the impact of STDs has been done regarding HIV from an individual, female perspective or within same-sex relationships. There is a noticeable lack of research pertaining to the relational impact of STDs on couples, making the diagnosis of an STD difficult to conceptualize for mental health workers. Although HIV is similar to HSV in that HIV is a chronic STD, the lethality of HIV that is not present in HSV adds a different dynamic to the relational component of the diagnosis. The gap in relational and HSV literature makes it difficult to pinpoint a specific issue that

couples with HSV deal with in their relationship. As a result of the lack of research, literature regarding both HSV and HIV is used to discuss the individual and relational impact of STDs. More research is needed to understand how HSV can impact a dyadic relationship, in order to inform mental health workers of the impact of HSV and best care practices of working with HSV in a systemic manner.

### **Prevalence**

In order to understand the relevance of this topic, one must first look to the prevalence of HSV. In 2012, there was an estimated 3.709 billion people aged 0-49 living with HSV-1, with over half of these being genital infections among 15-49 year olds. The most saturated areas of HSV-1 are in the Americas, Europe, and the Western Pacific (Looker et al., 2012). A global census in 2012 also reported 417 million people aged 15-46 living with HSV-2, with 19.2 million newly infected individuals every year (Looker et al., 2012).

In the United States, 15.5% of the population aged 14-49 has a genital HSV-2 infection with approximately 776,000 new infections every year. In recent years, HSV-1 has been the source of many genital herpes infections causing the overall prevalence of genital herpes to likely climb higher than 15.5%. Genital HSV-2 infections are about half as likely for men (10.6%) as they are for women (20.3%), and higher among non-Hispanic African Americans (41.8%) than non-Hispanic whites (11.3%) (CDC, 2014).

The presence of an HSV outbreak during delivery can cause transference of the disease to the infant. Although rare, neonatal HSV can cause serious symptoms such as seizures, fever, and even fatality (CDC, 2014). Additionally, individuals with HSV have an increased amount of CD4 cells, which are the cells that HIV targets, which increases

their chances of contracting HIV (CDC, 2014). Clearly, the global and national representation of people living with genital HSV-1 and HSV-2 coupled with the uncompromising repercussions of this disease categorizes HSV as an epidemic.

### **Individual Psychological Impact**

Individuals with HSV are impacted in unique ways that change their view of themselves, their relationships, and their response to their diagnosis. Melville et al. (2003) identified emotional and psychosocial responses to the diagnosis of genital HSV-2. The study included 24 participants (58% female and 42% male) with a mean age of 35 years (range of 19-55 years). The majority of participants were white (75%) and reported opposite sex partners (88%). Themes that emerged from interviews were short-term emotional responses, short-term psychosocial responses, and perceived ongoing responses. Short-term emotional responses included surprise, denial, confusion, distress, sadness, disappointment, and relief of knowing about the diagnosis. Short-term psychosocial responses included fear of telling sexual partners, anger at the source partner, guilt about acquiring or potentially transmitting, and concern about transmitting the disease to a child through daily interactions. Perceived ongoing responses included fear of telling future partners, concern about transmitting to partners, feeling sexually undesirable, feeling socially stigmatized, feeling like “damaged goods,” sexual avoidance, fear of transmitting to their children, and relationship concerns relating to the diagnosis.

For those who experience their diagnosis of HSV as negative, it can be difficult to cope with the perplexity of distress and isolation. Symptoms of depression and anxiety are commonly found among individuals diagnosed with genital HSV. A study done by

Mark, Gilbert and Nanda (2009) used the Hospital Anxiety and Depression Scale and Recurrent Genital Herpes Quality of Life Scale to assess for psychological well-being and quality of life among women with new genital HSV diagnosis. Participants in this study were aged 15 and older. The majority of women were between the ages of 25-31 (37.3%), and 67.5% of participants were white and non-Hispanic (90.4%). Sexual orientation was not assessed. This study found that out of 83 women, 34% of them qualified as clinically depressed and 64% qualified as clinically anxious. This study also found that a majority of the participants felt ashamed and worried about transferring their HSV to others. These findings suggest that individuals' experience of distress regarding their HSV infection often occurs in the context of what it will mean for their current or future relationships.

### **Relational Impact**

The impact of HSV affects not only the individual diagnosed but also the couple relationship. An exploratory study done by Beckerman (2002) used questionnaires given to both partners to gather information about couples' coping with discordant HIV status. For this study, 31 females and 51 males were asked to participate. Out of the participants, 38 reported that they were in heterosexual relationship and 37 reported that they were in same-sex relationships. Of the 82 participants, 35 identified as white, 26 identified as black, and 14 identified as Hispanic. Findings include that both HIV-positive women and men reported that having an STD can create distance in the couple relationship, feelings of mistrust and betrayal regarding the manner in which a partner was infected, and worries about having children. In contrast, the study also found that, in 76% of couples

where one partner was HIV-positive, there was an increase in intimacy, commitment, and valuing of time together.

In a study designed to investigate the psychological consequences of genital herpes among 42 men and women, five life-areas that were impacted by HSV were identified following the completion of the Genital Herpes Questionnaire and an in-depth interview (Drob, Loemer, & Lifshutz, 1986). Participants included 18 males and 24 females. Participant's ages ranged from 21 to 56 with the mean age of 34 and the majority of these individuals were heterosexual and white (90%) and upper middle class. The five areas that were identified included sexual functioning, interpersonal relationships, emotional responses, self-concept, and work or school performance. Work and school performance was reported to have stayed relatively unchanged by their diagnosis. In contrast, and consistent with the previous literature, participants reported that their HSV had a profound impact on their sexual functioning, emotions, and self-concept. Specifically, participants identified feeling less sexually desirable, that they would not be accepted by others, and limited in their interpersonal contacts. Most of these participants reported that they felt that members of the opposite sex would reject them after the disclosure of their diagnosis. At least four of the participants in this study reported feeling limited in their relationships due to the HSV and thus stayed in comfortable but unfulfilling relationships for fear of not being accepted by anyone else.

Contrary to the negative impacts on interpersonal relationships identified in the previous study, Bova and Durante (2003) interviewed 101 HIV-positive women about their sexual experience following diagnosis. The sample of participants was 51% White, 29% Latina, 17% African-American, and 3% other. Participants were ages 21-59 with the

mean age being 35. The majority of participants were low income (74.2%) and unemployed (72%). Of these participants, 93% of women reported being exclusively heterosexual, 4% bisexual, and 3% reported being in same-sex relationships. This study found that many of these women's romantic relationships either were unchanged or improved with the diagnosis of HIV. Of the 101 participants, 90% reported that they continued to be sexually active and half of these women reported that the quality of their sexual activity had stayed the same as before the diagnosis or improved. Approximately one-third of these participants reported engaging in unsafe sexual practices on a regular basis and reported poverty and oppression as main reasons for decrease in sexual function.

Although the majority of literature depicts the relational impact on couples and women with HIV, it helps to underscore the negative and positive outcomes that could be associated with the diagnosis of a chronic STD. There is a dearth of knowledge regarding couples coping with HSV in particular and the known literature regarding the distress of individuals with HSV about sexuality, transferring of the disease, depressive and anxiety symptoms, and decrease in self-esteem provide further direction when conceptualizing how couples may be impacted by HSV.

### **Suggested Treatment**

The existing literature regarding best care practices for mental health treatment following an HSV infection is limited and could benefit from more basic research. The available literature is mostly individually-oriented but provides a helpful foundation for understanding individual needs that may, in turn, impact couple functioning.

In a review conducted by Zacharioudakis (2001), Cognitive Behavioral Therapy is suggested as a mode of intervention for individuals struggling with HSV. Many dysfunctional cognitions result from the onset of HSV and impact individuals' perception of themselves and others with HSV. Some of these dysfunctional cognitions include self-fulfilling prophecies, selective abstraction, mental filters, disqualifying the positive, arbitrary inferences, dichotomous thinking, and overgeneralization. Therapeutic interventions that teach specific coping skills such as relaxation training, stress-management, and cognitive restructuring have been found to be helpful. Adapting therapy to each individual's unique needs and using the SANE model (stabilization, acceptance, normalization, and empowerment) to guide treatment is also suggested (Zacharioudakis, 2001).

In order to maintain their health, individuals with STDs need to be provided with education and coping mechanisms for their diagnosis. One specific study showed the difference in the treatment modalities of psychosocial intervention, social support, and a control group. The 31 participants in this study had a mean age of 26.2 years and the mean years of education were 14.6. No other demographic information was obtained from these participants. The study randomly assigned 31 participants with genital HSV to social support groups that met for six weeks and shared feelings, psychotherapy that included HSV information, relaxation training, stress management instructions, and imagery technique, and a control group. This study found that individuals receiving psychotherapy reported significantly greater reductions in recurrent HSV outbreaks and significant improvements in emotional distress, social support, and cognitive measures

when compared with those in the social support groups and control group (Longo, Clum, & Yaeger, 1988).

The importance of psychotherapy as an intervention is further emphasized by research indicating recurrent outbreaks prompt significant psychological distress and a decrease in quality of life for individuals with HSV (Brentjens et al., 2003). Physical symptoms such as reoccurring lesions impact an individual's self-esteem, anger, guilt, and personal relationships and thus decrease quality of life (Swanson & Chenitz, 1990). Therefore, antiviral medications such as Valaciclovir and Famciclovir, which are aimed to suppress viral shedding and decrease the likelihood of outbreaks and transmission, are an additional part of treatment aimed at increasing an individual's quality of life (Swanson & Chenitz, 1990). Current literature regarding mental health treatment for individuals diagnosed with HSV is limited to individually focused, generalized psychotherapy, antiviral therapy, and cognitive behavioral therapy. Research on best practices for couples therapy is needed. This constructivistic grounded theory study is intended to begin to address the gap in the literature regarding the common difficulties, resiliency, and resources available to couples with discordant HSV status.

### **Chapter III: Methods**

#### **Participants**

The participants in this study are couples and individuals who are in relationships where discordant HSV status is present. This complex relational dynamic of discordant couples allowed the study to focus on more areas of relational negotiation (e.g., sexual, emotional, etc.) than would be possible with couples who are non-discardant, due to their similar status. Inclusion criteria were used to target participants in monogamous couple

relationships with discordant status. Specifically, one member of the couple must have been diagnosed with HSV-1 or HSV-2 genitally, and the other member of the couple must not have been diagnosed with HSV-1 or HSV-2 genitally. Both members of the couple were required to be 19 years or older and be in their current relationship for six months or longer. If either partner had an STD other than HSV at the time of the study, then they were not eligible to participate in the study. The purpose of limiting the diagnosis to the sole presence of HSV is to ensure that the relational dynamics observed were valid to this disease. Participants agreed to a one-time, couple or individual interview and were recruited from a Midwestern college campus, local support groups, and Midwestern mental health and medical clinics.

Out of the ten total participants, eight interviewed as a couple and two interviewed as individuals for a total of six interviews. Participants included three males and seven females with an age range of 24-50 years of age. Eight of the participants were in heterosexual relationships and two participants were in a same-sex relationship. All participants were White and had completed at least one year of college education. Of the six HSV-affected participants, four of them were women and two of them were men. Eight of the participants interviewed were currently in genitally HSV discordant relationships and two of the participants were no longer discordant but had been when they initially started dating. The data used from this couple's interview was limited to when the couple discussed their experience of being discordant. For the purposes of demographics reporting, the initially non-HSV-affected partner was considered as a non-HSV-affected participant and the initially HSV-affected partner was considered as an HSV-affected participant. Of HSV type present, two participants reported having HSV-

1, two participants reported having HSV-2, and three participants reported not knowing whether they had genital HSV-1 or HSV-2.

### **Data Collection**

Information was gathered through in-depth, semi-structured interviews. Participants were asked a series of questions that focused on how HSV has impacted their relationship. Interview questions were based on intimacy, resiliency, resources, and impact of HSV on the couple relationship (See Appendix A). An in-depth, semi-structured interview was selected for the ease and adaptability of gaining unique information about each participant relational experience pertaining to HSV. The semi-structured approach allowed the researcher to elicit information specific to each participant's experience and thus advance the developing theory. Conducting an interview allowed the researcher to observe and explore emotion that may have otherwise been overlooked during a written or more standardized measure, which is important when considering qualitative research. Basic demographic information including age, race, and ethnicity was also obtained.

### **Procedure**

Recruitment began after the approval of the University Institutional Review Board. Recruitment was limited to monogamous, committed partners with discordant HSV status and only one identified STD. All interested participants matching inclusion criteria were contacted to participate in face-to-face, semi-structured interviews. Written informed consent and demographic information was obtained from participants and interviews took place over the course of four months in a reserved room at a mental health clinic. Interviews lasted between thirty minutes to one and one half hours.

All interviews were audio-recorded for accuracy and review purposes. The audio recordings were stored in a locked file cabinet inside of a locked building. Pseudonyms chosen by the participants were used in transcriptions of the interviews to protect participant confidentiality. Transcripts were stored in a locked file cabinet inside of a locked building. Risks included in this study were minimal and included the possibility of some emotional distress related to the topic or conflict with partner. Participants received a handout including a list of therapists in the area (See Appendix B) following the interview.

### **Analytic Strategy**

Charmaz' (2014) constructivist grounded theory approach is used in this study to understand the experiences of the participants. Charmaz' approach to constructivist grounded theory allows the researcher to process data in a nonlinear form as it is received (2014). This allowed the researcher to begin identifying and sorting data during data collection and thus develop themes and identify processes further in subsequent interviews. A primary assumption of this approach is that social reality is multiple, processual, and constructed and that both the participant and researcher's realities influence the outcome of the study (Charmaz, 2014). Due to this mutual influence on the data, researcher's positions, privileges, perspectives, and interactions must be taken into account. It is for this reason that the constructivist approach to qualitative research calls for methods of validity and verification of the data. Both data and investigator triangulation were used to establish validity of the data (Denzin, 1978). These methods were chosen due to their ability to authenticate that the developed constructivist grounded

theory is based upon the participants' experiences rather than the researchers' subjective reality.

Data triangulation is achieved by using multiple forms of data, sources, and methods to validate the information found in the study (Denzin, 1978; Creswell, 2007). For the current study, the specific forms used were the in-person, relationally-focused interviews and the subsequent member checking critiques. Member checking involves sending the developed research to participants, inquiring if they felt that the research portrayed an accurate description of their experience, and making any changes that are necessary to the validity of the study (Creswell, 2007).

After independently reviewing and preliminarily coding each interview, the researcher, one undergraduate student secondary coder, and one professional student secondary coder established a codebook of consensus themes regarding how HSV impacts the couples. After the initial codebook was developed, the transcripts were independently coded and a consensus was negotiated among the three coders, establishing investigator triangulation (Denzin, 1978). Following the consensus coding, text files of the transcripts were imported into a MAXqda (Kuckartz, 2007) database. Themes developed from the codebook were used to establish a preliminary constructivist grounded theory of how discordant HSV status impacts romantic dyadic relationships. Five primary themes were identified. Subthemes were created within each primary theme to better understand the depth of the data. As data analysis evolved, themes and subthemes were moved to fit the data more cohesively. Following development and writing of the themes, participants were invited to engage in the member checking process. Participants who responded to the member checking process indicated that their

experience was accurately portrayed in the study, thus making member checking successful.

## **Chapter IV: Results**

The purpose of this grounded theory study was to develop an understanding of common couple difficulties, couple resiliency, and resources available to couples affected by HSV. The results were organized in accordance to the process of data analysis in the constructivist grounded theory approach (Charmaz, 2014). The five primary themes that were identified in the data were: emotional reactions, intimacy, sources of support, impact on health, and advice.

Results are reported as a participant number with or without subscripts. The presence of subscript “1” indicates a diagnosis of genital HSV-1, the presence of subscript “2” indicates a diagnosis of genital HSV-2, the presence of subscript letter “n” indicates that the participant was diagnosed with genital HSV, but were unsure if it was HSV-1 or HSV-2. Lastly, no subscript indicates no diagnosis of genital HSV.

### **Emotional Reactions**

The data revealed a broad range of emotional reaction to HSV from affected participants. Many of these reactions were negative in nature and were focused around their own insecurities regarding HSV. Positive emotional reactions due to feeling more accepted and stronger as a couple were also found. Participant #1<sup>n</sup> stated, “I think it made us, I bet its made us stronger because it just shows the ‘in sickness and health’ kind of thing. I have this thing from someone that he obviously feels very negatively about, but it doesn’t make him feel any different about me.” Five of the six HSV affected participants discussed feeling stigmatized for having an STD and often reported having to laugh along

with others when jokes about HSV were made. Participant #5<sup>1</sup> discussed the experience of having HSV as, “It has that stigma that you know, ‘do we really want to be friends with him now?’” His partner, participant #4 replied, “Yeah, that’s why it’s hard to talk about with others. I think people need to realize that it’s more common that they realize.”

Participants with HSV discussed the internal negative emotions that they had about themselves. All participants with HSV reported being shocked and confused at the onset of HSV and worried about being unwanted in future relationships. Participant 7<sup>2</sup> explained, “It was really scary to find out that I had [HSV], I felt that I was worried that people didn’t want to be with me anymore and I felt lonely in the process. I didn’t want to tell anybody.” Although HSV-affected participants did discuss the importance of communication surrounding HSV, four of the six HSV-affected participants also reported a strong urge to “shell up” during an outbreak and not talk to their partner about their own inner emotions during those times. Additionally, two of the six HSV-affected partners discussed feeling concerned that their partner may be thinking about contraction during sexual intercourse. Here, participant #3<sup>2</sup> talks about this idea:

“When we are having sex, in the back of my mind I think about it. I hope he’s not thinking about the possibility of getting HSV from me. I would hope that going out and hanging out outside of sexual interactions, he just doesn’t think about [HSV].”

In summary, HSV-affected participants seem to struggle with negative internal emotions regarding their HSV status, social stigma, and anxiety about their partner’s thoughts about their status. However, data also shows that HSV-affected partners can feel

positive emotional reactions such as acceptance when their negative internal emotions are challenged by their partners.

### **Intimacy**

Intimacy and its impact on relationships emerged as a theme between the participants in the study. All of the participants referenced the importance of intimacy in maintaining relationship satisfaction as well as how intimacy was affected or improved by the presence of HSV in their relationship. Subthemes of communication, commitment, and sexual and emotional intimacy were made to better understand how intimacy was impacted.

**Communication.** All of the participants discussed the importance of communication in their relationship during the initial disclosure and throughout outbreaks. Six of the ten participants suggested that communication regarding HSV only took place during times when outbreaks occurred. Participant #1<sup>n</sup> indicated, “I never really talk about it. Like if I feel like I might have one [an outbreak] I’ll be like ‘I’m probably gonna have an outbreak soon’ or if we are sexually active at the time and if I have a weird bump from a razor or ingrown hair then I’ll tell him not to worry about it. But we don’t really talk about it a lot in passing.” Four of the ten participants reported needing more communication regarding HSV at the start of the relationship, but less as time went on. Participant #5<sup>1</sup>, and his partner, Participant #4, respectively, discuss this concept below:

“Well, at first it was like weekly to biweekly but now it’s pretty much when I have an occurrence. When I’m not feeling quite right. I may be getting sick and she will be like ‘are you having issues?’ That’s about all now a days.”

“It is pretty much when he is feeling like something is happening now, where as it used to be I would ask him about it first.”

**Commitment.** Another major subtheme of intimacy that emerged from all six interviews was the concept of commitment from the partners. HSV-affected participants reported commitment as a major reason why they decided to disclose their status to their partner. Participant #3<sup>2</sup> described her decision to disclose her HSV status to her partner by stating, “I feel like I am at that age where I am looking for a serious relationship and I feel like if we were going to have something in the future, I felt like I needed to be honest right away with him and just upfront with everything I’ve gone through and if this was something he wanted to jump into, great, and if not, he had a way to back out I guess.” For non-HSV-affected partners, commitment to the relationship was discussed as a reason for deciding to stay in their relationship with their HSV-affected partner. When asked about why having an HSV-affected partner did not bother him, Participant #2 replied, “Pretty simple. I love her. That’s all the reason why it doesn’t bother me.” Overall, participants seemed to agree that disclosing HSV status to partners was a major emotional step in the relationship and a part of becoming more serious in a relationship.

**Sexual and Emotional Intimacy.** Participants discussed the impact that HSV had on their sexual intimacy during outbreaks. Four of the six HSV-affected participants reported having to plan out their sexual encounters more often and reported feeling that they had to check that they were not having an outbreak before being sexually intimate with their partner. Participant #8<sup>1</sup> reported, “I think I’m always a little bit concerned that I’m having an outbreak and so I always make sure that that’s not the case before we are being [sexually] intimate with one another.” Condom use and limitations of oral sex were

discussed as a boundary meant to decrease the likelihood of transferring HSV to the unaffected partner. Five of the ten participants reported having to find other avenues of intimacy when sexual intimacy was not an option due to the occurrence of an outbreak. Eight of the ten participants discussed how not being able to be sexually intimate did initially impact their relationship, and the role that communication played in overcoming this obstacle. Participant #5<sup>1</sup>, and his partner, Participant #4, respectively, discuss this below:

“The challenges would definitely be [physical] intimacy at times. We are just not on the same page.”

“We have to be more careful now and sometimes it can be a bit of a spoiler.”

Participant #5<sup>1</sup> goes on to describe how they manage intimacy when they are not on the same page physically, “Sometimes our intimate weekends are, you know, chilling out on the porch with a big bottle of wine, holding on to each other, hugging and watching the stars over having actual physical contact.” Participant #7<sup>2</sup> validates this concept with her own experience of the following:

“Communication and I don’t know, I feel like we have gotten more creative in the things we do together and sometimes even just, if I’m not feeling great, we will just lay on the couch and watch a movie and it kind of means more during those times because you know-I know how much she cares about me and she’s very happy watching a movie with me...it means a lot.”

To summarize, areas that were found to impact a couple’s intimacy include communication, commitment, and sexual and emotional intimacy. Couples agreed to the importance of communication and commitment in building resiliency and strength as

they navigate their HSV experience. Participants also reported that limitations of sexual intimacy has impacted their emotional intimacy with one another but that finding other ways to be intimate other than sexually has helped maintain their emotional closeness.

### **Sources of Support**

Sources of support for participants both with and without HSV were mostly relational in nature and included health professionals, friends, family, mental health clinicians, romantic partners, health care providers and spirituality. Seven of the ten participants reported feeling validated by their friends to whom they disclosed and four of the six HSV affected participants discussed a change in perspective about themselves following the support of their friends, family, and romantic partners. Participants #3<sup>2</sup> mentioned, “One of my good friends and I talked about it and she’s very informed on everything and helped me to see that it’s not the worst thing that could happen in your life and I’m still beautiful and I can still be loved.” The most significant area of relational support came from health care providers. Eight of the ten participants mentioned receiving information about HSV from their health care provider as a main source of support in their relationship because it allowed them to maintain their health and minimize transference. Participant #5<sup>1</sup> recognized the importance of their doctor below:

“We talked to the doctor [about] what I can do to help minimize outbreaks-diet wise, physically, health wise. The doctor had a lot to do with it. He was very good, very knowledgeable.”

Participant #4, Participant #5<sup>1</sup>’s partner, validates his experience:

“After talking with the doctor and after talking more with [partner], I guess we were able to move past it.”

Another area within the theme of support was the idea that HSV-affected couples felt that they could be supportive of others who were going through the same or similar experiences. Four of the ten participants discussed being able to guide others through the emotional distress of contracting an STD as a positive aspect of contracting or being in a discordant relationship themselves. Participant #1<sup>n</sup> reported, “It sucks that I have it, but it’s nice to know that I can help someone else through it.” Participants recognized the importance of being able to normalize this experience for others and empathizing with the similar fears and worries that they once had. Participant #9<sup>n</sup> explained:

“I would say it is positive in one sense that we helped our daughter out when she contracted something. To be able to tell her, ‘we’ve had it, we’ve had children, you can live a normal life.’ I think that would be one of the only positive things about it, the fact that we can say, ‘You can survive. You can move forward.’”

Both HSV-affected and non-HSV-affected partners (four of six and three of four, respectively) reported feeling supported by their partner due to how the disclosure process was managed. Participants without HSV suggested that having a partner who was educated about how HSV works and how to minimize transference was a sense of support to them. Participant #6 described what went well in her partner’s disclosure to her about HSV, “I think she did a really good job at explaining it and how it worked because I didn’t really know a lot of anything except things you see in movies...she did a good job helping me understand.” HSV-affected participant #8<sup>1</sup> expressed:

“I think what went well is how patient he was about it. And about how understanding he was and he didn’t get up and run away. That’s a good thing.

That's probably what I think went well. I think I was expecting the worst and it wasn't."

When asked what went well in how her partner responded during disclosure, participant #7<sup>2</sup> reported, "I think we did a really good job of being honest and she was not judgmental and there were no questions about "how did you get this?" We talked more about facts." When asked about her response to the disclosure, her partner, participant #6, reported, "I could tell she was super nervous so I reassured her that I still cared about her and it wasn't going to change how I felt about her."

Non-relational support took the form of receiving education about HSV. Participants reported looking for information about how to maintain their health and minimize transference online as well as through their health care providers. While some found the Internet helpful due to the anonymity, others were unsure of the accuracy of the information. Participant #6 discusses her experience with finding information below:

"I don't know, when you go online to look up information it's hard to know how valid what your finding is and that can be the least helpful and it can increase your worry and anxiety about [HSV]"

Participant #3<sup>2</sup> reports on the anonymity of the Internet:

"I mean personally I would look on the internet to figure out information and stuff and I know that's not the best reliable source...but it's hard because some people do want to keep their secrets to themselves."

In summary, participants communicated the need for support in moving past the

difficulties of their HSV experience. Participants identified loved ones, partners, and education as helpful sources of support in their journey and recognized the importance of their partners' reactions and knowledge about HSV during disclosure.

### **Impact on Health**

HSV-affected participants in this study discussed triggers of outbreaks as stress and menstrual cycles and reported an increase in physical awareness during these times. Participant #7<sup>2</sup> noted, "I'm very aware of when I have outbreaks, I usually have them before my period and so that's helped me a lot with knowing well before and just having a really good idea in our month of schedule of when is the best time to have sex."

Seven of the ten participants reported worrying about transferring or acquiring the disease and all participants reported transferring the disease to their children as a main health concern. Participant #10<sup>n</sup> reported, "It did worry me when I was pregnant because if they don't know that you have one (an outbreak) then you can transmit it to your baby during delivery and then I would have given it to my daughter." Interestingly, only one non-affected partner reported transference as a major health concern to him. Participant #2 commented, "If she did have another outbreak, I mean yeah, I'd want to take all of the precautions but uh, it wouldn't be the end of the world" about his partner's concern of transmitting HSV to him. Participants appear to worry about transmitting the disease to others, especially children. However, transmittance to non-affected partners was reported more commonly by the HSV-affected partner.

### **Advice**

The last theme that developed from the research was advice from couples affected by HSV to other couples with the same or similar experiences. All participants in this

study spoke about the importance of communication, openness, and honesty in maintaining and strengthening the relationships. Participant #8<sup>1</sup> advised:

“I would say, figure out a way to make sure that it is impacting your relationship in a positive way. That you are communicating about it, your feelings about it, both peoples feelings about it, because I think they both matter. Maybe setting aside some time, once a month or every other month, where you can talk about HSV and how its making you feel, that way you can both stay on top of how you are feeling about it.”

Participant #1<sup>n</sup> echoes the advice of Participant #8<sup>1</sup>:

“Just be open and honest, it’s not something you can really hide, I mean you can, but they are gonna be suspicious anyways. I mean just honesty, be open and I think for the person who is not affected by it, just be there for them and don’t make them feel like they did something wrong because it can happen to anybody.”

Finally, participant #7 recommends this for other non-affected partners:

“I would say on my end, just being patient and understanding that it’s frustrating for [them] too, not just for me.”

All ten participants also discussed needing more education regarding HSV and how it is transferred in order to feel more supported by society and more secure in themselves and their relationship. Participants #6 reported, “I think having the information about how [HSV] worked, like how it was transmitted, and the nitty gritty information of it, was really helpful for me. Because then I was less worried about ‘can I get it from using her toothbrush?’ things like that.” Four participants discussed the difficulty of finding accurate information regarding HSV online. Participant #6

expressed, “Just getting more information out there so it’s not such a scary thing, so people are more informed about [HSV] and can, you know, have a relationship with someone with HSV.” Other participants discussed the need for HSV support groups in their area and reported that using mental health would be beneficial, but did not specify how. Overall, participants agreed that communication and knowledge about HSV were important parts of their resiliency and acceptance of their experience.

### **Chapter V: Discussion and Conclusion**

This chapter includes a description of the significance of the findings, a discussion of the major themes that emerged from the ten participants’ collective experiences of negotiating their HSV-discordant dyadic relationships, the strengths and limitations of the study, and the implications for practice and future research.

#### **Significance of the Findings**

The results of this study offer preliminary evidence of a deeper understanding into areas of relational difficulties, relational support, and knowledge as support. The purpose of this study was to develop a theory to help understand common couple difficulties, couple resiliency, and resources available to couples affected by HSV. These findings are important in helping mental health and medical professionals better support the large population affected by HSV.

Findings from this grounded theory study suggest that common issues that couples attend to are the emotional reactions of both partners surrounding HSV, intimacy, sources of support, and HSV’s impact on health. Data collected from participants in this study also convey the importance of communication and commitment to the relationship and partner in couple resiliency. Participants report social support from partners, family members, friends, mental health workers, and educational support from health care

providers and reliable Internet sources as resources that have been helpful to maintaining their health and minimizing transference. Therefore, the grounded theory that has developed from these findings is that discordant couples struggle with issues regarding emotional distress, intimacy, finding sources of support, and HSV's impact on health. Tools and resources used to combat these difficulties include communication, commitment, social support, and education about HSV.

This study focuses on understanding the impact of HSV within the context of committed dyadic relationships and expands upon the knowledge needed to comprehend how STD's are impacting individuals' lives. Findings in this study both confirm and build upon previous research with couples and individuals who are affected by an STD in areas of individual psychological impact and relational impact.

### **Discussion of Emotional Reactions**

Participants in the Melville et. al (2003) study reported individual short term emotional responses as confusion and surprise, short term psychosocial responses as fear of telling future partners, guilt about acquiring or potentially transmitting, and concern about transmitting to their child, and perceived ongoing responses as fear of telling future partners, concern of transmitting to partners, feeling social stigmatized, fear of transmitting to their child, and relationship concerns related to HSV. Similarities to previous research exist in the current data regarding individual psychological impact of HSV. Participants in the current study reported negative internal emotional reactions about themselves due to their HSV status. Participants discussed feeling shocked and confused about the diagnosis of HSV as well as anxious about transferring HSV to their

partners during sexual activity or to their children during birth. Many participants related to feeling socially stigmatized and wanting to “shell up” and avoid the topic of HSV.

New findings from this study within the area of emotional reactions are an increase in feeling accepted by their partner and a belief that the relationship was strengthened by the disclosure of HSV. HSV-affected participants reported feeling more emotionally and physically accepted by their partner and thus felt stronger as a dyad. Non-HSV-affected partners reported feeling stronger as a dyad due to their partners' vulnerable disclosure and their ability to work through this obstacle as a couple.

### **Discussion of Intimacy**

Couples in the Beckerman (2002) study reported feeling emotionally distant, worrying about having children, and feelings of mistrust and betrayal towards how their partner acquired HIV. Couples in the current study did not report feelings of mistrust or betrayal towards their partner, perhaps due to the difference in lethality of the two diseases, but did report that HSV negatively impacted their sexual intimacy. However, couples also reported that their sexual intimacy was not as negatively impacted due to finding other avenues to maintain intimacy. The current study highlighted the importance of communicating during outbreaks and about HSV in general as a strategy for maintaining intimacy as well as finding other ways to be intimate with one another other than sexual intercourse.

Beckerman's (2002) study found that HIV-discordant couples felt an increase in commitment. The current study also found an increase in commitment among HSV-discordant couples. Non-HSV-affected partners reported commitment to their partner and relationship as a priority in deciding to continue their relationship. Additionally, HSV-

affected couples felt more emotionally and physically accepted by their partner following disclosure and thus more emotionally intimate with one another.

### **Discussion of Sources of Support**

Little research has been done previously on the sources of support sought by couples with HSV. In the current study, participants identified seeking support from friends, family members, and partners and educational support from health care providers and the Internet following disclosure and during outbreaks. HSV-affected participants reported education about HSV as a significant source of support in validating their experience as well as maintaining their health and minimizing transference.

Although mental health professionals were mentioned as a source of support, they were not identified as a main source of support for participants. However, previous research suggests that cognitive-restructuring techniques and the SANE model are helpful in challenging maladaptive assumptions individuals have about themselves following the diagnosis of an STD (Zacharioudakis, 2001). The information found in the current study helps mental health professionals who are working with individuals and couples affected by HSV understand the importance of education and relationships as mechanisms of support for their clients. The current study suggests that HSV-affected participants rely on the support gained from loved ones and education about HSV to help challenge their negative internal emotions about their HSV status and normalize their experience.

### **Discussion of Impact on Health**

A study by Cohen and colleagues (1999) found that psychological stress triggers recurrent genital herpes outbreaks. The current study supports this finding in that participants reported stress and menstrual cycles as main triggers for outbreaks. A few

participants further reported presence of these triggers as times to be more aware of their bodies or utilize boundaries such as condoms or limiting oral sex due to the potential of an outbreak or shedding virus.

Participants in the Melville et. al. (2003) study reported concern about transmitting HSV to a partner during sexual contact or to a child during birth. Participants in the current study also reported transferring HSV to their partner or children as a main health concern. Surprisingly, only one non-affected partner reported acquiring HSV as a health concern. The transference of HSV to partners seems to be more of a concern to HSV-affected participants than non-HSV-affected participants. Non-HSV-affected partners reported transference of HSV to infants during delivery as a health concern, but not necessarily acquiring genital HSV as a concern.

### **Discussion of Advice**

The advice given by HSV-discordant couples in this study centered on the need for education about HSV and the importance of communication in the relationship. Couples reported education about how HSV works and can be transferred as a source of support for understanding how to minimize transference and maintain their health. Couples also discussed communication in their relationship as a way to improve and strengthen emotional intimacy and commitment. Couples reported that considering both partners' feelings and sexual and emotional boundaries are an important piece in moving past relational difficulties caused by HSV. It is clear from this data that education about HSV is an important part of being able to effectively communicate between partners.

## **Strengths and Limitations**

This study has several strengths. First, the majority of the participants interviewed were interviewed as a couple, which allowed the researcher to obtain a well-developed understanding of the strategies and perspective of both participants as well as a rich pool of data to pull themes from. Additionally, criteria for participating in this research included that the couple be in a committed relationship of at least six months. All participants in this study met this criterion and thus were able to provide information from a successful resiliency perspective. Couple interviews and member checking techniques were used to triangulate data. Triangulation of data helped create validity in the study and data from which conclusions about couple resiliency could be drawn.

Limitations in this study include small sample size and a fairly homogenous population of participants. Both of these limitations may impact the generalizability of the grounded theory. Although saturation of the data was reached, the current study only collected data from 10 participants. This limitation is accounted for by HSV-discordant couples being a hard-to-reach population as opposed to a flaw in the methodological design. Successful recruitment of this population is likely impacted by HSV-affected individuals' marginalized status and the increased difficulty in recruitment of couples. Of the 10 participants, 3 were male, 7 were female, and all participants were living in the Midwest, White, and had at least one year of college education. Therefore, the current theory is potentially partial to couples with similar characteristics. Diversity in the participant pool would have further informed the grounded theory and helped it to become more applicable for health care providers and mental health clinicians working with more diverse populations.

Other potential limitations of this study include the lack of partner perspective for the two participants who interviewed individually rather than as a couple, and the constraint of only being able to use specific data from the initially discordant couple. Lastly, as with any research approach, the current study could be impacted by participant bias through participants' conducting themselves in a way that they feel best fits the research (Creswell, 2008). As this was the first time that the researcher and participants had met face to face, unfamiliarity of the researcher and location and fear of being stigmatized could have contributed to participant bias for all participants. Additionally, participants who interviewed as a couple may have been less honest about their emotional experience due to their partner being present.

### **Implications of Study**

There are several implications for this study for clinical, medical, and overall knowledge and practice while working with HSV-discordant couples. First, mental health workers can best provide to HSV discordant couples by focusing on strengthening non-sexual intimacy within the relationship. Couples in this study suggested that finding new or creative ways to be maintaining intimacy during outbreaks was an important part of their resiliency. Additionally, helping couples navigate healthy communication and emotional and physical boundaries is an important step in assisting couples to be emotionally supportive and validate one another's needs concerning HSV. HSV-affected participants reported that support from friends, family, and partners challenged their maladaptive assumptions about themselves following the diagnosis and during outbreaks of HSV. Mental health workers can further help challenge HSV-affected partners' negative self-image pertaining to HSV by educating them that increases in trust, sexual

intimacy, and communication can occur in the relationship. Additionally, helping the couple understand the importance of seeking support in friends, family, one another, and education about HSV can assist the couple in becoming a more resilient dyad as they navigate the impact of HSV.

The educational support from health care providers was prominent with the theme of sources of support in this study. Participants reported feeling supported by education about how HSV works because the knowledge gained from understanding HSV allows them to maintain their health and minimize transference, thus curbing some of their negative emotional reactions. Therefore, this research suggests that health care providers can best practice by helping those diagnosed with HSV, or their partners, understand the mechanisms of the disease as well as normalizing their experience by discussing the prevalence and impact of HSV on overall health. Other educational implications suggest that having similar information as discussed above available on the Internet would be helpful to those affected by HSV.

The current study illuminated many relational and individual areas that could benefit from future research. More basic research is needed in areas of individual psychological and physical impacts of HSV diagnosis, as there continues to be few studies that specifically target these areas. Research targeting factors that were present in relationships for couples who did not decide to continue their relationship following HSV disclosure could contribute greatly to the current grounded theory. A few participants in this study discussed that their negative emotional reactions and worries about health subsided overtime. A longitudinal study focusing on this area could be beneficial in

reassuring and educating couples about what to expect from HSV as well as educating mental health and health care professionals about how to work with this population.

### **Conclusion**

Overall, more and more couples are being affected by HSV and understanding the emotional and physical impacts of this experience are important in helping a large part of the human population cope. Couples who exhibit resiliency to these impacts appear to utilize communication, commitment, support systems, and education to help support the negative experiences associated with HSV. More research in the area of HSV impact is needed to better understand how couples and individuals may be affected by HSV in both the short and long term.

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## Appendix A: Qualitative Interview

Day and Date:

\_\_\_\_\_

Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interviewee: \_\_\_\_\_

Pseudonym: \_\_\_\_\_

Time of Interview: \_\_\_\_\_ Start time

\_\_\_\_\_ End Time

Thank you for agreeing to meet with me today for this interview. Qualitative researchers often view the interview process as a focused conversation about the central phenomenon of interest they are studying. I intend for this interview to be a conversation and want you to feel comfortable throughout our meeting and feel free to ask questions as we go.

Before we get started with a few basic demographic questions, we need to go over the informed consent form and have you sign it. As you are aware, this form provides some basic information as to how we will proceed, what the study is about, your role, my role, etc

Review Informed Consent

**Please select a pseudonym that I can use for the purposes of this study:**

**Do you have any questions before we move forward with our conversation?**

Turn on the tape recorder

To start with, will you please answer a few broad demographic questions about yourself?

Age [both partners]:

Sex [both partners]:

Racial/Ethnic Background [both partners]:

What is your highest level of education? [both partners]

How long have you been in your current relationship? [both partners]

Have either you or your partner ever had a sexually transmitted disease other than HSV?

If yes, What was this experience like for you? [both partners]

Do you or your partner have genital HSV? [both partners]

Which partner?

Do you have HSV-1 or HSV-2? [HSV affected partner]

How often do you have outbreaks? [HSV affected partner]

How long ago did you tell your partner about having HSV? [HSV affected partner]

How long ago were you told that your partner has HSV? [non affected partner]

### **Initial Open-Ended Questions**

How did you find out that you had HSV?

What was that experience like for you? [HSV affected partner]

How have you talked to other people about your HSV status?

What were these experiences like for you? [HSV affected partner]

How did you talk to your current partner about HSV?

What made you decide to tell them? [HSV affected partner]

What was it like to be told about the HSV? [non affected partner]

How did you respond?

What went well with the initial communication about HSV? [both partners]

What do you wish had been different?

Have you talked to other people about your partner's HSV status? [non affected partner]

If yes, what were these experiences like for you?

Have you been in a previous relationship with someone who had an STD? [both partners]

### **Intermediate Questions**

How often do you think about HSV? [both partners]

What type of health concerns do you have regarding HSV? [both partners]

How often do you discuss topics pertaining to HSV? [both partners]

Monthly? Weekly?

How do you respond when you discuss topics pertaining to HSV? [both partners]

What role do you believe HSV plays in your relationship? [both partners]

In what ways do you feel that HSV has impacted your current relationship? (Will prompt to expand more if needed and ask about both negative and positive if only one is mentioned) [both partners]

What type of relationship challenges have you experienced as a result of HSV? [both partners]

How did you get through these challenges and what types of strategies did you use? [both partners]

Had there been any sexual contact prior to disclosure of HSV? [both partners]

If yes, do you believe that the disclosure has changed your sexual relationship? Why or why not? [both partners]

How do you navigate physical and sexual intimacy? [both partners]

How do you navigate emotional intimacy? [both partners]

What resources or support have been the most helpful to you with regard to HSV? What about least helpful or unhelpful? [both partners]

### **Closing Questions**

What advice would you give to other couples affected by HSV? [both partners]

What kind of resources do you think are needed to better support couples affected by HSV? [both partners]

Do you have any suggestions for how mental health professionals can better support or provide resources for couples affected by HSV? What about for medical professionals? [both partners]

Do you have anything else you would like to add? [both partners]

As compensation for participating in this study, I will be holding a drawing for participants to win one of two \$50 Amazon gift cards. Would you be interested in entering into the drawing? [both partners]

If yes, what is your email?

In order to increase the validity of my study, I will be emailing a rough draft of my study to participants so that they can give me feedback on whether or not they felt that their voice was heard. Would you be interested in participating in this? [both partners]

If yes, what is your email?

## Appendix B: Debriefing Statement

**Lincoln Mental Health Providers**

Larka Vesper  
Blue Valley Behavioral Health  
3901 Normal Blvd., Suite 201  
Lincoln, NE 68506  
402-261-4017

Kandy EisenBarth  
4535 Normal Blvd, Suite 142  
Lincoln, NE 68506  
402-327-1634

Garth Hamilton  
4535 Normal Blvd. Ste 212  
Lincoln, NE 68506  
402-570-9523

Danielle Bauer  
3201 Pioneers Blvd, suite 112  
Lincoln, NE 68502  
402-486-3110

**Omaha Mental Health Providers**

Brian Hofsommer  
9300 Underwood Ave #240  
Omaha, NE 68114  
402-708-2348

Sandra Rahe  
16707 Q St. #2j  
Omaha, NE 68135

Robert Kraft  
11909 Arbor St.  
Omaha, NE 68144  
402-330-0800

In the event that you have experienced some distress following the completion of this interview, please contact Allison Reisbig, Ph.D., who will refer you to more mental health professionals in your area:

Allison Reisbig, Ph.D  
(402) 472-5518  
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