



Guest Editorial

“Too Far or Too Close...”: The changing scenes of sexuality during the pandemic

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“The only unnatural sexual behaviour is none at all”. (Sigmund Freud, 1970)

The Premise of the pandemic

The above-quoted words of the renowned psychoanalyst resonate more than ever in the present times. The unprecedented threat of the Coronavirus disease 2019 (COVID-19) has engulfed the world since the beginning of this year. Besides its immense public health impact, it has rarely happened before that the 'basic structure' of human lives has been re-ordered for 'new norms'. The pandemic, the consequent lockdown, the ongoing rise in the case-curve, the fear of infection, social distancing, and stigma have generated 'emotional distancing' and eventually leads to social disconnectedness (Wang et al., 2020; Banerjee and Rai, 2020). With more than 34 million cases globally, and fatalities crossing one million, the pandemic has been a persistent threat to human sustenance. It has challenged the social fabric of life and living (World Health Organization COVID-19 Situation Report as on 2nd

October 2020). The pandemic's psychosocial offshoots have been well-researched and can increase the risk of depression, anxiety, insomnia, post-traumatic stress, and impaired quality of life. The various psychosocial factors contributing to the same are isolation and quarantine, the global lockdown and travel restrictions, the plethora of misinformation, the 'morbid' fear of the infection in the masses, and financial plights. Added to that are the vulnerabilities of specific special populations like the age, gender minorities, the socially impoverished, and the frontline workers (Xiong et al., 2020). The 'life-changes' due to COVID-19 and containment measures have affected physical proximity and intimacy, thereby altering the relationship dynamics among millions of couples and families. This brings us to the sensitive yet stigmatized area of 'psychosexual health', one of the highly affected areas during the pandemic, but at the same time less spoken about. Sexual relations and sexuality have been important determinants of relationship dynamics, psychological resilience, and well-being: more than ever necessary attributes during the present times of crisis. Furthermore, considering the established fact that

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COVID-19 is a highly infectious disease, it generates a cascade of fear, guilt, and physical separation, especially in those exposed (like the frontline workers), that can alter the sexual dynamics and sexuality, thereby impacting psychological well-being and general health. In that sense, this pandemic is an 'eye-opener' for us to understand and appreciate the integration of sexual health into public health, for the greater good.

Psychosexual Health and Infectious outbreaks: The Intersections

Sexual health, as defined by the World Health Organization (WHO), is "not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence"(WHO, 1975).

The pathways to hamper psychosexual health during a biological crisis such as COVID-19 can be multi-faceted, depending on demographic factors, interpersonal relationships, and situational contexts. Throughout history, global infectious outbreaks have had critical implications on sexual and reproductive health at all levels: individuals, systems, and society. Traditionally, sexuality and pandemics' intersections have been compounded by stigma, prejudice, and ostracization (Tsiamis et al., 2018). Thus, the critical question arises: when an outbreak is claiming millions of lives globally, what can be the possible reason to discuss intimacy and sexuality at that juncture? Sadly, humankind is more used to 'snapshotting' distress, leading to the short-sightedness for long-term reactions. 'Social touch' being an irrevocable part of human development, relationships and intimacy can get significantly affected by the ongoing

pandemic, which might continue affecting the lives of millions for years to come (Cascio et al., 2019). Decades back, during the bubonic plague, classically termed as the 'Black Death', Tsiamis et al. (2018) quoted the "fear of infection disrupting love and lives". His article the "The Knights Hospitaller of Rhodes and the Black Death of 1498: a Poetic description of the Plague", describes how newly married couples were physically separated during the outbreak that affected their mental status. They were mentioned to 'crave for the proximity' of their partners, which they believed will generate 'fresh air'. On the other hand, history has numerous examples when the 'spread of an infectious disease' has been linked to illicit sexuality, immorality, and 'bad air'. As always, public health has been overshadowed by the age-old myths and misinformation related to sexuality, stigmatized 'intimacy', and 'sexual abstinence' was regarded as an effective strategy in controlling the plague in the European sub-continent during the Victorian era (Cantor, 2001). These decisions of 'immoral standards' of sexuality being responsible for 'a disease' have both socio-cultural beliefs and religious connotations wherein 'Bad air', 'Bad emotions', and 'Bad interactions' were the equivalents of sexual discourse, sexual thoughts, and sexual practices respectively. It was theorized by the German physicians that 'ill feelings' that included sexual attraction might be the breeding ground for 'infectious agents' and thus diseases (Karras, 2017). On the other hand, there has been reported an increase in incest, promiscuity, and exogamy (marrying outside clan or community) in the post-pandemic aftermath after the plague in 13th Century Europe. As a paradoxical reaction to the suppression of sexual intimacy, the industry of prostitution bolstered manifesting as a surge in sex-parlours and 'royal safeguards' as places for safe and consensual sex (Cantor, 2001). Hatcher

(1977), while describing the plague in England, mentioned an increase in sexual practices between newly married and elderly couples.

This increase could be conceptualized in various ways (Cohn and Cohn, 2003; Karras, 2017):

- ♦ A coping mechanism- the pandemic resulting in losses at a financial, personal, and societal level, leading to incorrigible frustration and adaptation of a coping strategy debatably maladaptive as Maslow's hierarchical model's basic needs were not being met.
- ♦ A revolt against the orthodox blame put by the Medieval Church on the society.
- ♦ An existential bewilderment resulting from the introspection of the personal mortality and purpose with prevailing uncertainty of life and togetherness.
- ♦ Increased sexuality arising out of sexual frustration and 'social touch' hunger.

The gender and sexual minorities were more vulnerable, especially to the religious organizations, as the 'Divine Will' and the need for 'sanitary legislation' claimed them to be 'unholy sinners' responsible for the breeding of infections (Byrne, 2004). From the idea of 'sex and intimacy' being responsible for the pathogenic spread of infections and the discriminatory idea of morality, we have evolved into 'biological' understandings of pandemics. This has led to a better appreciation of the emotional distress and frustration resulting from chronic deprivation of love, affection, and sexual desire during the disease outbreaks, primarily when physical proximity generates the 'fear and taboo' of infection. The level of permissible intimacy during a pandemic has been a concern even in the earlier related outbreaks of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). An increase

in familial discord, sexual dysfunctions, and arousal disorders have been reported as a long-term psychosocial offshoot of the SARS pandemic (Chua et al., 2004). It is understandable that under stressful circumstances, especially when one of the partners works in a 'high-risk' area, there tends to be increased performance anxiety, stress about sexual practices, impaired perceived sexual satisfaction, and associated mood changes. The rise in substance use and intimate partner violence, which have been growing concerns globally during the entrapment due to pandemics, can further compound couples' sexual and reproductive health (Bradbury-Jones and Isham, 2020). Adverse pregnancy outcomes like miscarriages, abortions, and intrauterine growth retardation have been reported earlier in SARS, MERS outbreaks, and even during the present pandemic, which add to the uncertainty and stress of child-births (Schwartz and Graham, 2020). Any new infection with 'novel' ways of transmission thus has a chance to generate fear, stigma, and physical distancing that can impair sexuality and quality of relationships. This tends to be all the more critical during pandemics, as sexual well-being has been significantly linked to positivity, hope, personal growth, and optimism: attributes most needed during the present times.

Sexuality and intimacy at times of COVID: A neglected horizon?

Undoubtedly sexual well-being is one of the neglected constructs during the pandemic. Bearing the already existing prejudices related to disclosure and discussion of sexuality, especially in certain cultures, the associated problems are also under-reported. SARS-CoV-2 is a highly contagious virus with extensive aerosol transmission and can persist for a long on fomites and inanimate surfaces (Singhal, 2020). This makes 'fear of intimacy' a relevant consequence. Both the

partners' desire and arousal might be discrepantly leading to an alteration in the relationship dynamics. While on the other hand, many have expressed increased sexual practices with thousands stranded at home for a prolonged duration, leading to increased abortions and unplanned pregnancies. Coercive sexual practices amounting to domestic violence have been rising and can have profound psychosocial consequences (Nair and Banerjee, 2020). Sexual and reproductive rights are vital components of human rights and need to be safeguarded during difficult times. Especially populations like those who are separated from their newly-wed spouses, partners who are stranded apart like never before, the frontline workers with increased risk of exposure, the gender minorities (Lesbian, Gay, Bisexual, Transgender, Queer population), those with pre-existing psychiatric disorders and finally the commercial sex workers, face unique challenges concerning the 'safety and quality' of sexual practices during this pandemic. Arafat et al. (2020) performed a multi-centric online survey to explore the effects of COVID-19 induced lockdown on subjects' psychosexual health in India, Nepal, and Bangladesh. This was one of the first studies to explore this neglected impact of the pandemic worldwide. The majority of the subjects were sexually active during the lockdown, while 10% showed an increase during the 'unlocking' period.

The authors highlighted the importance of understanding the psychosexual impact of the outbreak, especially in developing countries with varied socio-cultural dimensions. They advocated sexual health as a vital modality of psychological resilience. Another Indian study with the physicians reported an increase in depression, anxiety, and sleep disturbances, which were adversely related to relationships and family dynamics (Chatterjee et al., 2020). Roy et al. (2020)

assessed the knowledge, attitude, and perceived mental healthcare need in 662 Indian adults and reported misinformation related to the modes of infection spread, social media exposure, and disinformation to be directly linked to perceived stress, anxiety, paranoia about contracting COVID-19 and sleep disturbances; all of which impaired interpersonal relationships. Social distancing has led to enhanced emotional distress in adolescents in an age-structured impact study (Singh and Adhikari, 2020). During the historical three-month lockdown in India, sentiment analysis from Twitter revealed fear, disgust, and stigma related to intimacy (Barkur and Vibha, 2020). These statistics apart, many of us who work on the frontline may have experienced or heard about the persistent 'fear and guilt' of transmitting the infection to our closed ones, leading to burnout, stress, and depression. The authors would urge reflective participation from the audience to appreciate the effects of 'social distancing', one of the many consequences of which is chronic deprivation of 'social and affective touch', popularly known in the literature as 'touch hunger' (Cascio et al., 2019). It is a well-researched concept with neurobiological and psycho-behavioural implications, which can surface during times of distancing, travel restrictions, and 'fear' of social interactions to impair psychosocial well-being.

Finally, Banerjee and Rao (2020), in their recent review in the Indian Journal of Psychiatry, have comprehensively detailed the intersections of sexual well-being and the ongoing pandemic highlighting the at-risk populations, and have focused on various ways rather than 'complete abstinence' that can be advocated as 'safe sexual practices' during the ongoing times. Few of these vital attributes related to sexuality and intimacy to consider during times of COVID-19 are (Banerjee and Rao, 2020):

- ◆ Fear of intimacy and travel history leading to complete sexual abstinence

- ◆ Uncertainty and misinformation related to the sexual spread of the virus
- ◆ Chronic 'social and intimate touch deprivation' leading to 'touch hunger' and its psychosocial offshoots.
- ◆ Possibilities of marital discord/issues with couple interpersonal relationship
- ◆ Rise in coercive sexual practices and intimate partner violence: compounded by substance abuse
- ◆ Knowledge-attitude-practice gap related to healthy sexuality during pandemics
- ◆ The rise in sexually deviant practices
- ◆ Loneliness, isolation, chronic stress, grief, depression, anxiety: contributing to disinterest in sex
- ◆ Increased unprotected sex and rise of abortions, unplanned pregnancies
- ◆ Possible increase in sexual dysfunctions, performance anxiety, and altered perceived sexual satisfaction (increased in those with pre-existing psychiatric disorders)
- ◆ High-risk sexual behaviours
- ◆ Indiscriminate sexual practices without precautions can contribute to the spread of infection
- ◆ 'Digital sex' as a 'dual-edged sword': Healthy versus compulsive use of pornography; implications of cyber-safety and digital security during online sex

The 'New Normal' of sexuality: Ways ahead

Based on Maslow's hierarchy, sexuality is one of the 'basic needs' for survival, which, if not satisfied, leads to a state of despondence and inability to graduate to higher needs and thus result in a significant hindrance to the desire of self-actualization. Therefore, sexuality is a primal instinct for survival and sustenance and cannot be neglected while promoting health practices. As mentioned before, the virus's aerosol spread makes any form of in-person sexual activity a potential risk. The literature on the sexual transmission of the virus is still unfounded, though that remains

a legitimate fear in many minds. During such 'fear and panic', like any other human interactions, intimacy has also borrowed a digital platform to set the 'new normal'. The use of pornography and digital sexuality has increased, while long-distance relationships have derived a renovated significance (Turban et al., 2020). Sexual abstinence (referring to complete cessation of all forms of sexual activity) cannot be considered a universal solution for obvious reasons, and sexual intercourse and foreplay have often been reported as 'stress-relievers' and factors helpful for coping (Rao et al., 2012). It is vital to remember that situations like COVID-19 cause 'obligatory' sexual abstinence due to fear or concerns of infection instead of voluntary sexual abstinence, which is entirely different in context. Pre-existing marital issues can be amplified as there might be discordance of opinion related to sexual practices between the partners. Chronic sexual repression affects performance anxiety and sexual confidence, which can eventually lead to arousal disorders, anorgasmia, premature ejaculation, and erectile dysfunction (Banerjee and Rao, 2020). Fear of intimacy can lead to emotional distancing from the partner, which perpetuates loneliness, maladaptive coping, and sleep disturbances, all of which are independent risk factors for depression, anxiety, and chronic diseases like diabetes, hypertension, cardiovascular illness, etc. (Lotfi et al., 2020). Especially infectious disease outbreaks are times when one critically needs to weigh between sexual abstinence and intercourse practices, based on the risks involved.

The Center for Disease Control and Prevention (CDC) recommends a minimum distance of six feet to avoid transmission, which is impossible for intimate relationships (CDC, 2020). Safety of sexual intercourse is to be ascertained individually for a couple: asymptomatic, have been

practicing precautions, have no history of travel or after exposure: then touching, hugging, kissing, and intercourse are likely to be safe. After community transmission in many countries, asymptomatic carriers are rising, which poses a threat to health in general and sexual health in particular. If symptomatic self-quarantine is necessary without bed-sharing or any form of intimacy till at least 7-14 days after the symptoms started, or till full resolution of all symptoms or at least up to 72 hours of being fever-free without any medications (Planned Parenthood, 2020).

Under such circumstances, few propositions for alternative healthy sexual practices can be (Farid, 2020; Banerjee and Rao, 2020; CDC, COVID-19 and HIV, 2020):

- ♦ Masturbatory practices with hygiene caution as followed in sexually transmitted diseases (STD)
- ♦ Informed decision making by both the partners
- ♦ Digital sexuality which needs to involve consensual agreement, protection from online extortion, cyber-bullying and with obvious concerns of cyber-safety
- ♦ Unique strategies to prevent sexual abuse of children and adolescents
- ♦ Sexual practices with a quarantined partner
- ♦ Usual sexual practices with minimum acceptable risk, with the standard precautions (Risk-reduction counseling)
- ♦ Awareness about the stress, performance anxiety, and symptoms of sexual disorders
- ♦ Reduction in the number of sexual partners
- ♦ Special safety precautions for the commercial sex-workers
- ♦ Finally, mutually consented exploration of sexuality and alternate sexual practices (that can involve non-penetrative sex, kissing, fondling, etc. and various other connotations of foreplay)

Again, intimacy, love, and affection in relationships equated with 'sexual intercourse' is a grossly inappropriate and reductionistic approach. Under trying times, regular connectedness via virtual media in those separated and spending 'quality couple time' for those living together can foster emotional support and closeness, vital parameters to fight social isolation and loneliness. The pandemic has not been all about 'distancing.' Several families have got a renewed chance to nurture lost time and mend broken bonds while living together during the lockdown. Many couples have explored each other's company like never before, strengthening their communication and sharing of happiness. Such activities might not be strictly 'evidence-based' but are pragmatic, help building resilience, improve relationships, and finally promote healthy sexuality. Consent is a vital factor, especially for minors, and awareness and prevention of any form of sexual abuse are of paramount importance.

Epilogue

"A loveless world is a dead world."

(Albert Camus, 'La Peste', The Plague, 1947)

COVID-19 is a situation which has also allowed nurturing and mending relationships as people spend more time together, realizing the importance of vitality and the importance to be with loved ones, as man is but a social animal with an advanced neocortex but nevertheless regulated by the centers of hunger, fear, and sex. Darwin's theory of evolution has translated over the longitudinal course of time and has shown structural and physiological changes translating across species, the same may not hold true for more meta concepts like intangible mindsets and thought process. In a country which has been the epicenter of the earliest civilizations known to man, one of

the most populous countries and the land of origin of the 'Kamasutra'; India still ironically shies away from discussions about sex and sexual practices. The socio-cultural acceptance of sex only being the act of physical intimacy and rigidity to adapt to contemporary concepts of intimacy are roadblocks in applying many of the concepts discussed above (Rao et al., 2012). Thus, concepts of digital intimacy may be perceived as perverted, obscene, and unacceptable. In that context, even with the use of technology for psychosexual well-being, the partners need to discuss and tailor it according to their beliefs, values, and ideals. The learning from past pandemics is that sexuality and relationships are severely disrupted due to many factors aptly conceptualized in the bio-psychosocial framework of psychiatric illness (Schwartz and Graham, 2020). Acknowledging the magnitude of morbidity arising from psychological dysfunction, including psychosexual health impairment, provides a holistic perspective that will act in tandem with physical health. With that background, the skeptical stance of challenging the need to study or discuss sexual health in the presence of more serious physical health consequences, including death and the need for critical care, is unfounded. More systematic research exploring lived experiences and consideration for the vulnerable populations might help awareness in this neglected area, improve the sexual health in the community and integrate its importance in public health interventions and policies that will help even in the post-pandemic times and during such futuristic crises.

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