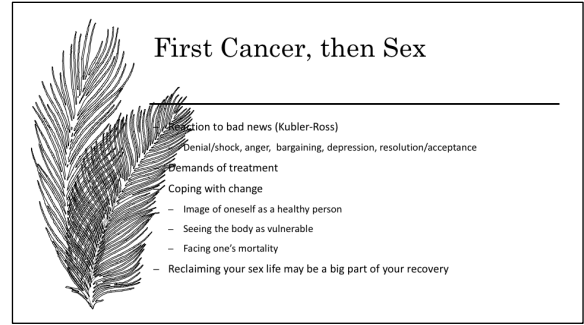




Sexuality and Intimacy During and After Cancer

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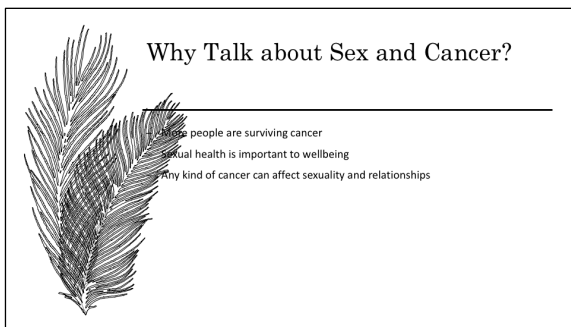
First Cancer, Then Sex

Generally, people respond to the news of the cancer diagnosis with Kubler-Ross's five stages of reaction to bad news: Denial, anger, bargaining, depression, and acceptance or resolution.

The demands of treatment supersede everything, including one's romantic relationship and sex life. Ideally, if there are known sexual side-effects of cancer and its treatment, there should be a discussion with treatment provider although this doesn't always happen.

Cancer means coping with change. Once you have a diagnosis of cancer, you may no longer see yourself as healthy. You come to realize that your body is vulnerable. There's no getting around it—you are mortal.

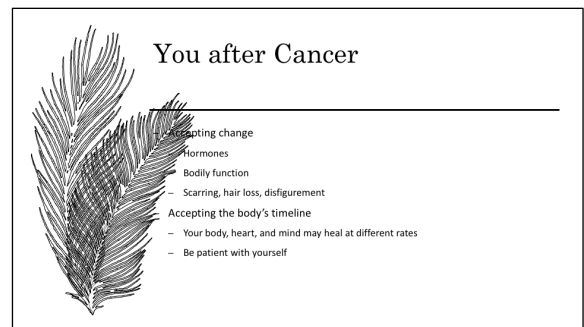
Reclaiming your sex life may be an important part of your recovery and should not be ignored.



The good news is that more people are surviving cancer diagnoses that were once untreatable or fatal. That means that most people will go into remission or recover and become survivors of cancer.

Hopefully, being a survivor is a cause for celebration. You went through your treatment in order to LIVE!

Sex is a part of life, and sexual health is important to wellbeing. Often, we think about breast and prostate cancer as having the biggest effects on sexuality after cancer. But, any kind of cancer can interfere with sexual function and relationships.



After your treatment, it is typical to be left with changes that can affect sexual function. For example, it is not unusual for women to have a decrease in estrogen and men a decrease in testosterone, hormones that affect both drive and function.


There can also be changes to the body that are distressing and make someone not feel as attractive as they once were. A person may have scarring, hair loss, and even disfigurement as a result of treatment. Most people come to a place of acceptance, glad to be alive at whatever the cost. But they also need to focus on what is still good and attractive about themselves if they are to feel like re-engaging in sex with a partner.

Often, when people are told that they have come to the end of their treatment they do feel ready to jump back into their sexual relationship. After all, they may have refrained from sex for awhile. They may also feel grateful to their partner and want to show them love.

But the mind, heart, and brain sometimes heal on different timelines. You may need to develop patience and be willing to try different things in order to be intimate.

Talking about Sex and Cancer...

- Improve psychological adjustment to having had cancer
- Strengthen the primary relationship and therefore social support
- Improve the quality of life overall



Talking about sex and cancer is proven to do several things.

First of all, it can help people adjust to having had cancer. It can make them feel like they are “back to normal.” (Even though it may be a “new normal.”)

Talking about sex can strengthen the primary relationship. This is good because it increases social support, which is shown to help with longevity.

Finally, acknowledging that sex is an important part of life can help improve quality of life overall. Being fully intimate with a partner—even if intercourse isn’t possible—can make life worth living as a cancer survivor.

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What Kinds of Cancer Causes Problems?

- Usually, we think of cancers that have a direct effect on reproductive organs
- Breast and gynecological cancers for women
- Prostate cancer for men
- But any kind of cancer can cause problems

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Relationship Changes

- Role reversal
 - Provider: planner; caregiver; housekeeper; chef; primary parent
- “Medicalization” of relationship and the home
- Emotional enmeshment or distance
- Some couples feel strengthened by the experience
- Sadly, some find cancer strains their relationship
 - Seek help if you are struggling

Cancer can affect not just sexual function, but one’s intimate relationship. For example, many couples experience “role reversal.” Maybe the partner with cancer is unable to work, and the other partner becomes the primary breadwinner. Or the well partner has to take over a variety of tasks related to the household and childcare.


The relationship and home can become “medicalized.” Couples can get hooked on talking about nothing but appointments and treatment. The home can take on the look of a clinic with medical equipment and pill bottles—not a very sexy environment.

Some couples are strengthened by going through the cancer journey together. Others, unfortunately, find the strain too much for an already fragile relationship. Please know that if you are facing relationship struggles, there is help for you.

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Sexual Problems Caused by Cancer


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Women may experience...

- Change in sex drive
- Reduced vaginal lubrication
- Early menopause
- Painful intercourse (dyspareunia)
- Change in body image
- Dissatisfaction with intimate relationship

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What Helps?

- Open communication about sex
- Seeing the value of sex and intimacy
- View of sex as more than penis-vagina intercourse



Peris, Ushishi, & Gilbert (2013). BMC Cancer.

- What Helps?
1. Open communication about sex
 2. Seeing the value of sex and intimacy
 3. View of sex as more than penis-vagina intercourse



Open Communication

- With oneself
 - Don't deny that there is a problem
 - Continue to see yourself as a sexual being
- With one's partner
 - Identify what problems you are having
 - Keep trying different "scripts" to find one that works
- With the medical providers
 - Don't be embarrassed; sexual problems are common
 - Ask for suggestions
 - A referral to a sex therapist does not mean you are "crazy"

Open communication is important for several reasons.


First, you must have open communication with yourself. It is easy to go into denial about sexual problems because 1) they are embarrassing, and 2) people avoid what they don't know how to fix. But there is help for most every sexual problem. You also need to acknowledge that even though you are a cancer survivor and have changed, you are still a sexual being.

The second place for open communication is with one's partner. Together, you need to be able to talk about the changes in your sexuality and any problems you have. You may need to try new things and talk about whether or not they worked.

Finally, you need to have open communication with your medical provider. Sexual problems are very common, so don't be afraid to bring them up. Ask your provider for suggestions. And for goodness sake, if your doctor tells you to see a sex therapist, don't take offense! Most people who go to therapy are normal—they are just having a problem and need some help to overcome it.

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Acknowledge the Value of Sex

- ...Feeling like a woman or a man
- ...Communicating feelings that are hard to put in words
- ...Satisfying the need for touch

Sometimes sex can be seen as a “frill.” Especially after something life-threatening has happened, it can seem silly to think about sex. But sex actually does a lot for us. Being sexual can make you feel vital—like you’re still in the game of life. Many people say that continuing to be sexually active makes them feel more like a man or a woman.

More than that, having sex allows couples to communicate feelings that may be hard to put into words. Having sex is the most intimate act that people engage in. Without sex, many people say that they feel like “room mates” or even siblings. Sex is what sets apart an intimate relationship from other relationships, making sex an important ingredient in a couple’s bond.

Sex also satisfies the human need for touch. Touch is proven to help people feel better emotionally. We can become starved for touch if we never get a hug. Touch is comforting and makes us feel that everything is going to be okay.



Redefining “Sex”

- ...or intercourse..
- ...Requires energy, stamina, and a working reproductive system
- ...Non-intercourse forms of pleasure or “outercourse”...
- ...Requires less energy and stamina
- ...Outercourse can be more intimate, not less

Because there can be real changes to one’s body after cancer, there may also need to be real changes to the way you think about sex.

Usually when we say “sex” we mean intercourse. Intercourse requires a lot of energy, stamina, and a reproductive that works.


Non-intercourse forms of pleasure, or what is sometimes called “outercourse,” require less energy and stamina than intercourse.

Sometimes people look down on “outercourse” as being less mature or intimate than intercourse. But with the right attitude and technique, outercourse can be every bit as intimate as intercourse. More on this later.



Specific Suggestions

Fall 1,000 times, get up 1,001.



Sex Drive


- ...Acceptance that drive may never return to pre-cancer levels
- ...Identify different reasons to have sex
 - ...Closeness, intimacy, feeling normal, being touched, giving and receiving love
- ...Plan for sex
 - ...Couples that schedule sex have sex more frequently
 - ...Being intentional need not diminish the experience

Problems with sex drive are very common after cancer treatment. They are also common with the effects of aging. It is important to remember that your body has changed. Your body may no longer create a signal that lets you know that you need or want to have sex.

That means that you are going to have to rely on other “signals” that sex is important. Everyone has different signals to pay attention to, such as the need for closeness, intimacy, touch, and to just feel normal.

The most common suggestion for couples in which one partner no longer has a physical signal for sex is to plan for sex. Planning for sex sends the message to both partners that sex is an important part of their relationship. Also, partners that plan sex are proven to have sex more frequently than those that do not.

Sometimes people balk at the idea of scheduling sex. They think it will be less fun. But think about it—is going to a movie, concert, or game any less fun because you bought tickets in advance? You can schedule sex—and make it fun.



Lube!

- Always use lubricant
- Silicon-based: Uber Lube, Astroglide Premium Lubricant (do not use on toys)
- Water-based: Slippery Stuff, Astroglide (may need to reapply)
- Oils may be hard for the body to clear
- Ask your physician about...
 - Moisturizers, e.g., Replens
 - Topical estrogen cream or ring (e.g., Est-ring)
 - Vaginal laser treatment

Now let's get into the nitty gritty. Let's talk lube!


Many women complain of dryness after cancer treatment. This can be due to several factors, including hormones and anatomical changes. Whatever the reason, the simplest thing to try is lubricant.

There are two basic types of lubricant, silicon-based and water-based. Silicon based is good because a little goes a long way; it is slippery; and it makes little mess. But, you cannot use a silicon lube on silicon sex toys, it will destroy them. Sometimes people prefer the feel of water-based lubricant because it seems more "natural." However, because it is water based this type of lube can evaporate and needs to be reapplied. You may end up using more and finding it a little messy.

Recently there was a craze for using coconut oil. However, it seems that sometimes the body has a hard time clearing oils out of the vagina. Talk to your physician before using it.

Finally, you can also let your doctor know you are having dryness and ask about estrogen; vaginal moisturizers; and even the new laser treatments.

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Painful Intercourse

- Education
- Consult with physician
 - Estrogen, both topical and systemic
 - Referral to pelvic floor physical therapist
- Try "digital dilation" and small toys or dilators first
- Stop having intercourse until problem is resolved
 - "Fear-avoidance" cycle


Unfortunately, sometimes women find intercourse to be painful after cancer treatment. If sex hurts, the first thing to try is lubricant. Lubricant can do wonders to make intercourse comfortable.

The next step is to talk to your physician. Your physician may suggest treatment with estrogen or a vaginal moisturizer. In some cases, you may get a referral to a pelvic floor physical therapist who can help you tighten or loosen pelvic floor muscles to make sex more comfortable.

If you've had treatment for painful intercourse but are now afraid it will hurt, try starting with digital penetration first, or insert a small toy. Use your own fingers or insert the toy yourself, then let your partner try. If these acts are comfortable, then you are likely ready to try intercourse.

But for goodness sake, if sex hurts, please stop. If you don't, you risk getting into a "fear-avoidance" cycle where you are so afraid sex hurts that you avoid any physical intimacy at all. This, of course, may lead to a rift in emotional intimacy in your relationship.

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Arousal

- Relax before sexual activity with a nap, bath, massage, listen to music, etc.
- Minimize distraction; music can be helpful
- Increase time for foreplay
- Consider adding sexual aids especially vibrators
- Accept that your body has changed; what used to work may no longer

Sometimes both men and women complain that they just can't get aroused or turned on after they've had treatment. Here are some suggestions to help you get in the mood:

- Relax before sexual activity with a nap, bath, massage, listen to music, etc.
- Minimize distraction; music can be helpful
- Increase time for foreplay
- Consider adding sexual aids especially vibrators
- Accept that your body has changed; what used to work may no longer

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ED (Erectile Dysfunction)

- Allow yourself time to heal
- Dismiss negative thoughts like, "I am not a man unless I can get a natural erection," and "It is embarrassing not to have a natural erection."
- Men can have orgasms without erections after prostate cancer
- It isn't critical to have a firm erection to have sexual enjoyment


Erectile dysfunction is a big topic—we could spend the entire time talking just about erections after treatment for prostate and other cancers. Nonetheless here are some tips based on my practice with hundreds of men after prostate cancer.

First of all, allow yourself time to heal. Even with the latest and greatest "nerve sparing" treatment, it can still take as long as a year—sometimes longer—to regain function. Getting angry and frustrated about this isn't going to help. You need to develop patience and be compassionate with yourself.

Second, you need to find a way to get hold of negative thoughts. When you have a negative thought, you generate stress. Your body reacts in a way that makes erections difficult and that gets in the way of any medications you are using, like Viagra. This is the place where mind and body need to be in synch—relaxed and looking forward to having a good experience.

Don't forget, if you had prostate cancer, you can still have an orgasm without having an erection. And most mature women will be patient with you—and agree to have fun, whether or not you can have an erection.

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Using Medications


- It is generally accepted that injection is the best course of treatment after prostate cancer because it works better
- Oral medications should be taken therapeutically as prescribed by your physician
- Talk to partner openly about how to incorporate the use of medications into your sex life

The majority of men who have had prostate cancer will need medication to help have an erection.

The very best way to accomplish this is to inject medication (apostadil) directly into the penis. Understandably, some men have a psychological objection to this method. However, it is definitely an option worth exploring because it is very effective.

For men who are given or who choose oral medications such as Viagra™ or Cialis™, be sure that you understand how you are to take them. Usually, you will want to take these medications not just when you want to have intercourse, but to help with blood flow to the pelvis and the penis to help with healing. Don't just walk out of the doctor's office with a prescription. Ask questions about your doctor's recommendations.

Though it may be uncomfortable, you will need to talk openly with your partner about using these medications. Some couples accept that medication is part of their sex life. A woman may tell her partner to "take a pill," or a man may ask if he should. Other couples work out signals, like sending a code word by text, to suggest that it's time to use medication. Planning sex can also be helpful.




Improving Effect of Meds

- Be relaxed in your approach to having sex
- Be kind to yourself and have realistic expectations
- Get good at other types of sex
 - "She Comes First" by Ian Kerner
- Be persistent
- Allow time for body to heal
 - This may not be the time for "mind over body"

Here are some tips to use to make medications more effective:

- Be relaxed in your approach to having sex
- Be kind to yourself and have realistic expectations
- Get good at other types of sex
- Be persistent; don't give up after just a few attempts
- Allow time for body to heal




"Outercourse"

- Try different kinds of kissing
- Discover erogenous zones
- Use fingers for stimulation
- Rubbing bodies and genitals
- Oral sex
- Try toys
- Try different lubricants
- Incorporate pleasant scents, lighting

What is "outercourse"? Really, any type of sexual activity that isn't intercourse—penis-vagina sex—can be considered outercourse. Outercourse can help couples enjoy intimacy when intercourse isn't possible, or just as a way to explore each other's bodies in different ways.

Here are some typical outercourse activities to try:

- Try different kinds of kissing
- Discover erogenous zones
- Use fingers for stimulation
- Rubbing bodies and genitals
- Oral sex
- Try toys
- Try different lubricants
- Incorporate pleasant scents, lighting




How to Talk about Sex

- Don't give feedback about sex immediately after
- Do sit some place neutral to talk, e.g., the sofa
- Talk about what feels good and is working first
- Then give a short, assertive statement about what you need
- Repeat what feels good
- Ask partner for any feedback as well

Here are some tips on how to talk about sex with your partner, especially if you need to ask for something different:

- Don't give feedback about sex immediately after
- Do sit some place neutral to talk, e.g., the sofa
- Talk about what feels good and is working first
- Then give a short, assertive statement about what you need
- Repeat what feels good
- Ask partner for any feedback as well



What About Sex Therapy?

What is a sex therapist?

- Licensed mental health professional
- Ideally has additional training and AASECT certification

What happens in sex therapy?

- Sex therapy is "talk therapy" with no touching or disrobing
- Identify the problem or problems
- Provide information, suggestions, activities, reading
- Intensive therapy for longstanding or difficult problems


If you are struggling with sex, then the kind of help you want may come from a sex therapist.

A sex therapist is a LICENSED mental health professional (psychologist, marriage and family therapist, social worker, or licensed professional counselor) who has additional training.

What happens in sex therapy? Sex therapy is like most any other type of therapy. You'll fill out a history, and the sex therapist will ask you questions about you, your upbringing, and your current relationship. You'll talk about the problem you're having, too. When did it start? Does it always happen, or just sometimes? What have you done to try to fix it?

The sex therapist will then offer treatment which can range from simple suggestions to intensive therapy for longstanding or complicated problems.

And if you're embarrassed to talk about sex, don't worry—the sex therapist will help you get more comfortable with the whole topic.



When to Consult a Sex Therapist

- One or both of you are avoiding the topic of sex
- You have been fighting about sex
- You have tried several things to make sex better but nothing seems to be working
- When talking about sex is very embarrassing or difficult
- When you are not having sex because you are not getting along
- When you have questions about sex and don't know where to turn

When should you consider seeing a sex therapist?

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Questions?

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