



Sexuality & Cancer

Ways to reignite your spark after cancer treatment

BY DR. RACHEL NEEDLE

M

Many women with cancer have difficulty dealing with the physical changes that accompany cancer treatment, and they worry that others, especially their partners or children, will also be affected.

Most people expect physical and emotional changes with a diagnosis of cancer, but few foresee that the emotional changes may become a burden on their sex lives as well. According to Dr. Stanley Althof, a clinical psychologist and director of the Center for Marital and Sexual Health of South Florida, "The psychological suffering far outweighs the physical" when it comes to cancer.

One of the biggest issues involving sexuality and intimacy after cancer is that the issue itself is often overlooked! Patty Liebman, a licensed clinical social worker specializing in oncology at the SARI Cancer Center in West Palm Beach says, "The medical community looks at a patient as healing as soon as treatment is over. Whereas as a therapist, one must

Sex & Cancer True or False

STATEMENT: Most women die from cancer.

ANSWER: FALSE. The focus of oncology care is being shifted from treatment and managing the disease, to improving quality of life.

STATEMENT: After being diagnosed with cancer and undergoing treatment, a woman should feel lucky to be alive!

ANSWER: TRUE. Living is a privilege and we are lucky that with medical advances, most cancers are being caught early and therefore there are increased survival rates.

STATEMENT: Sex can and will likely return to “normal” or to its pre-cancer level following cancer treatment.

ANSWER: FALSE. Estimates of sexual dysfunction following various cancer treatments have ranged from 40 to 100 percent (Derogatis & Kourlesis, 1981).

STATEMENT: Sex is not important, as once again, a woman should just feel lucky to be alive!

ANSWER: FALSE. Sexuality and physical intimacy is an important aspect of quality of life. The psychological impact of sexual dysfunction has a substantial negative impact on health-related quality of life.

look at the patient as a whole person—including the emotional, psychological and sexual.” Althof adds, “While the health-care providers do a wonderful job of talking about wigs, make-up, exercise, breast reconstruction and nutrition, sexual needs are avoided by physicians and nurses.” He continues, “There is a giant black hole. Patients don’t know who to go to. It becomes very disheartening.”

Cancer rehabilitation programs should address women’s sexual concerns in the same proactive manner that they focus on other important topics. But no one knows who should be the one to address the issues relating to intimacy and sexuality. Unfortunately, this often means that no one asks and no one tells. As a patient, you should know it is okay to talk about sex.

How Sexuality is Affected

There is a range of issues that can affect the sexual functioning of female cancer survivors. Vaginal atrophy (thinning and inflammation of the

vaginal walls) can occur due to a decline in estrogen and it often makes the vagina dry. As a result, dyspareunia (painful intercourse) may occur. Other effects include Hypoactive Sexual Desire Disorder (low level of sexual desire), fear of recurrence, stress and anxiety.

Changes in body image and self-image are among the most significant changes that can occur following cancer treatment, specifically regarding breast and gynecological cancers. Surgery that alters or completely removes the breast, or that removes the uterus and/or ovaries, can have a significant effect on body image and self-image, which has the potential to diminish sexual functioning and feelings of sexual attractiveness.

The effects of cancer treatment on sexuality, including a feeling of self-consciousness about

Lost that Lovin’ Feeling?

Here are some suggestions for restoring sexuality after cancer:

CREATE A HEALTHY LIFESTYLE by exercising, eating right, and decreasing overall stress. This can allow you to feel healthy, feel good about yourself and your body, be proactive in preventing recurrence, and can improve sexual desire.

RESUME AFFECTIONATE TOUCH (if this has in fact been lost). You can do this by holding hands, through nonsexual touching, hugging, kissing, caressing, and nongenital touching.

BEGIN TALKING ABOUT SEXUALITY outside of the bedroom. This will ensure that both you and your partner are on the same page.

PRACTICE ALTERNATIVE WAYS of sexual expression such as sexual positions that minimize deep penetration and don’t place weight on a scar (for instance, the side-by-side position AKA spooning).

USE YOUR HANDS AND MOUTH to give and receive sexual pleasure.

USE NON-HORMONAL, water-based lubricants optimally during sexual activity. Avoid: colors, warming gels, flavors, bactericides, and spermicides.

PRACTICE EXERCISES that do not include intercourse, but instead emphasize sensual touching and caressing, such as sensate-focus exercises which include noncoital pleasuring and increased intimacy without the pressure and anxiety that are often associated with anticipation of intercourse.

USE SELF-STIMULATION TO ALLOW yourself to once again feel comfortable with your own sexual response and arousal without the added pressure of a partner.

READ EROTIC LITERATURE and explore your fantasies.

WEAR SEXY lingerie.

TALK TO YOUR PARTNER about how things feel different in terms of sensation. Help each other find ways to satisfy the other. This is a process that takes time. Keep talking and sharing.

Continued from page 75

these changes, often lead to complete avoidance of sexual intimacy. Liebman says, "Many women experience vaginal dryness following cancer treatment and would rather avoid sex altogether than to let their partners think they are dry and are therefore getting old."

On top of the possible side effects mentioned, one cannot forget about cancer and its treatments' impact on mood. Many women become anxious and/or depressed during and following cancer treatment. While depression in itself can result in changes in libido, other sexual issues can arise if depression is treated with an antidepressant medication (commonly an SSRI). Side effects of the most commonly used SSRIs can include decreased orgasm and problems with sexual desire.

Let's Not Forget About the Partner

Few people take into account that relationships can be impacted by cancer. Some studies show that survivors who have a good sexual relationship before treatment continue to have satisfying relationships after surgery or treatment. Understanding and support from a spouse or a partner is critical for a survivor to be able to maintain a healthy sexual relationship. Communication is extremely important—specifically being able to communicate about the changes and being open to expanding the couple's sexual repertoire. Partners must also allow themselves to grieve the loss of how the sexual relationship was while opening the door for new positive sexual experiences.

The changes that occur do not only affect the cancer survivor, but also the partner. Althof explains, "Partners have feelings about the changes occurring as well. And the partner also has sexual needs."

Many people have intimacy and sexuality related issues prior to a cancer diagnosis. According to Dr. Peggy Lipford McKeal, a clinical sexologist in Palm Beach Gardens, "Many couples have never truly been intimate about their bodies and their feelings about them, or about their sexual wants and needs. How will they find the voice to speak about this topic now when there are so many new issues?" The first step to finding your voice is to acknowledge either the changes that have occurred or the desire for things to be different than they were even prior to the cancer. If a couple was not able to discuss sexual issues before the cancer, the chances are the two of them still will not be able to. The couple should focus on goals, and if one of them is to communicate better to enhance intimacy (both physically and emotionally), this will take patience, risk, trust and empathy from each partner. Couples can begin by introducing the topic, purchasing books on sexuality to read together, or consulting with a therapist who specializes in sexual issues.

The Good News

It is never too late to reclaim your sexuality! Do not assume that the changes you are experiencing are being experienced in the same way by your partner or others around you. Use this as an opportunity to create a different level of intimacy and communication.

There are both medical causes and psychological causes to the sexual problems that cancer survivors experience, so restoring sexuality requires a broad approach.

The Estrogen Controversy

There is an ongoing debate within the gynecology and oncology communities regarding the use of local estrogen to relieve sexual symptoms. A number of cancer treatments, including surgery, radiation and chemotherapy, often result in estrogen deprivation which is associated with vaginal dryness and/or hot flashes causing sexual concerns and diminished quality of life. While prescription or nonprescription vaginal lubricants can be used to reduce dryness, and pain medications can be used to relieve any discomfort that is interfering with sexual activity, the most relief from these symptoms will likely result from treatment using systemic or local estrogen administration with products indicated for vaginal atrophy. However, feelings run deeply on this issue. There are some physicians who believe that local estrogen [initially very small amounts of estrogen may be delivered to other parts of the body as well] may place a woman at risk for recurrence of cancer. On the other side are physicians who believe the benefit of improved quality of life outweighs the minimal risk of using local estrogen. Discussion with a physician regarding the benefits and risks of using local estrogen is important because the situation will differ from woman to woman. It is important to talk to your doctor about it and evaluate the risks and benefits of hormone therapy.

Your Sexuality Will Likely Be Different

Sexuality will likely be altered in some way following cancer treatment, but that does not have to be a negative thing. Patients should embrace the changes and be open to experimenting to find new and sometimes better ways to be intimate and sexual. ▼

For those who do not feel comfortable approaching their physician about these concerns, contact a Florida or AASECT-certified sex therapist for help and support. You can find a specialist at: sstarnet.org or aasect.org.

Dr. Rachel Needle is licensed psychologist and a Florida-certified sex therapist in private practice at the Center for Marital and Sexual Health of South Florida. She has a particular interest in working with individuals both during and following cancer treatment. Dr. Needle can be reached at 561.822.5454 or cmshsf.com.