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Cancer Treatment's Main Effects on Intimacy

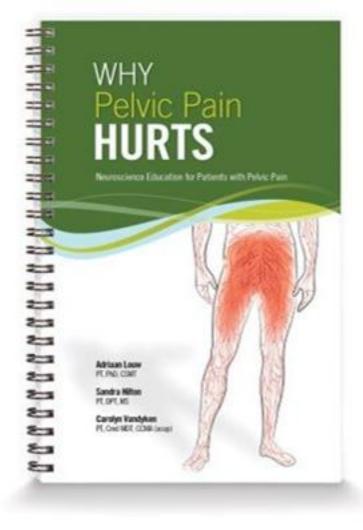
Painful Penetration

Sexual Desire Changes Body Image Changes Relationship Changes

Causes of Painful Penetration

- Certain chemotherapy drugs
- Estrogen-blocking therapy
 - Anastrozole, Letrozole, Tamoxifen, etc.
 - o What if already menopausal?

When menopause begins with cancer treatment, symptoms are usually more severe because onset is rapid



The Unfortunate Road to Painful Penetration

- Vaginal tissues may become less moist and supple due to chemo or estrogen therapy
- Can cause more difficulties with intercourse or exams
- Can lead to guarding due to new discomfort and fear of damage
- Guarding in pelvic floor muscles leads to pain
- Pain, combined with hormone changes, can demotivate and reduce desire for sex
 - ...the cycle continues

Treatment



www.intimaterose.com

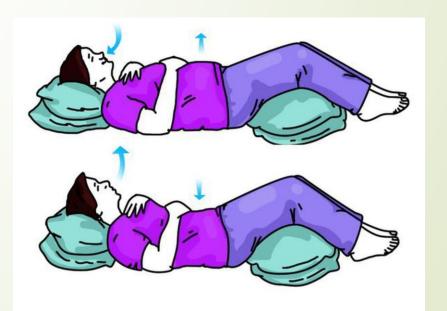


External estrogen cream and/or suppositories, hyaluronic acid, or vulvar moisturizing lubricants**

External vulvar and internal vaginal manual techniques (may use this pelvic wand)

Techniques to soften and "open" the muscles

Diaphragmatic Breathing



Inhale- let your belly rise and your pelvic floor drop towards your toes

Exhale- relax everything, allowing it all to move back to neutral

Use the inhale portion to soften pelvic floor during dilator/pelvic wand use and with sexual penetration

Cancer and Sexuality



Sexual Desire Changes

- Libido is fragile: it is negatively impacted by stress, sickness, menopause, distraction
- Feeling desire for sex can be compared to feeling playful and curious
 - less likely if we're exhausted or living with fear
- Libido normally changes many times throughout our lives
 - We may be able to spark it if we want to

Sparking Intimacy

Maintaining intimacy during treatment

Grieving your cancer; reconnecting with your body

Body image reset

Work on intimate connection

Othercourse

"Good enough sex"

Maintaining Intimacy During Treatment

- Make time for physical intimacy with partner
 - touch, cuddle, not necessarily sexual
 - off the table

- Try to talk about what all partners are feeling
 - builds intimacy and understanding

First Grieve... then Reconnect to Your Body

- Treatment may make you feel:
 - o as if things are happening to your body
 - a lack of control
 - checked out
 - that your body betrayed you
- Grieve: take time to allow for the feelings (ex. touching body)
- How to reconnect to your body?
 - o It didn't betray you, the cancer grew against your body's will
 - hate the cancer, not your body
 - Notice Pleasure
 - Your body's response to stimulation likely changed
 - Waking up Your Hands*

https://bettymartin.org/hands/

Body Image Reset

- As Emily Nagoski suggests: "change how you see, not how you look"
 - look in mirror and say and MEAN it: "She is so beautiful/strong/a warrior"
- Can you see your scars, your ostomy bag or your new waistline as a rite of passage into a new, wiser state of being?
 - "Look what I've been through!"
- Partner's work is to learn to love the new normal and EXPRESS this
- Other suggestions:
 - Consume media including people with bodies like yours who are thriving and loving themselves (follow on Instagram or Facebook, shows, movies)
 - Buy a new piece lingerie for your new body
 - The Body is Not an Apology-by Sonya Renee Taylor



Work on Intimate Connection

- Partner may have been in a caregiver role—once no longer needing care, purposefully change that dynamic
 - Start by trying to do something novel/exploring together
 - Get back into your sex life in a new way-grow together
- Study on optimal sexuality*-->communication is essential
 - Best Self Intimacy After Dark card deck
- You may have responsive desire now
 - May need other to initiate before becoming aroused
 - May need more physical stimulation before becoming aroused
 - explore on your own what feels good, then teach partner

https://sexualityresources.com

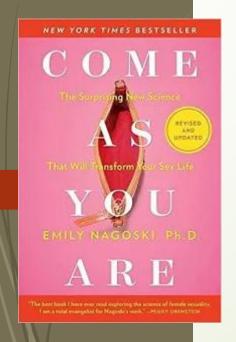
Othercourse

- What is sex?*
- "Othercourse" is a term describing all other sexual acts beyond penis in vagina
- It is using body parts or other objects to create sensation on the other without penetration
- It is exploring and playing together—without goals
- Sometimes the best sex has no penetration and no orgasms

"Good Enough Sex" Model

- Focus: sharing desire and satisfaction
 - rather than individual sexual performance
 - rather than on passionate sex or orgasms
- Traditional male sexual socialization values easy, predictable, autonomous sexual desire and function
 - spontaneous arousal→erection→orgasm
 - as men age or deal with illness, this societal standard becomes self-defeating and destructive
- This model:
 - No goals. No pressure even to be turned on. Get away from the sexual script and the baseball game analogy.
- How? (endless iterations)
 - o change the script: play a game (simon says), start with a different body part, have kissing-only nights, use a toy, deck of cards, how could it be fun?

Resources:



- Why Pelvic Pain Hurts: Neuroscience Education for Patients with Pelvic Pain by Louw, Hilton, Vandyken
- Come as You Are by Emily Nagoski
- The Body is Not an Apology-by Sonya Renee Taylor
- https://bettymartin.org/hands/
- www.sexualityresources.com
- www.Intimaterose.com
- "Best Self" Intimacy After Dark-deck of cards
- The Menopause Manifesto by Dr. Jen Gunter

Q and A*

Personal Information

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