



***Sexuality* and Cancer**

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CANCER, SEX AND SEXUALITY

When you first learned you had cancer, you probably thought mostly of survival. But after a while other questions may have started coming up. You might be wondering, "How 'normal' can my life be, even if the cancer is under control?" Or even, "How will cancer affect my sex life?" It's important to know that you can get help if you are having sexual problems after cancer treatment. There are many good treatments available.

Sex and sexuality are important parts of everyday life. The difference between sex and sexuality is that sex is thought of as an activity – something you do with a partner. Sexuality is more about the way you feel about yourself and is linked to intimacy or your need for caring, closeness and touch.

Feelings about sexuality affect our zest for living, our self-image and our relationships with others. Yet patients and doctors often do not talk about the effects of cancer treatment on your sex life or how you can address problems you are having. Why? A person may feel uneasy talking about sex with a professional like a doctor or even with a close sex partner. Many people feel awkward and exposed when talking about sex.

What is a normal sex life?



People vary a great deal in their sexual attitudes and practices. This makes it hard to define "normal." Some couples like to have sex every day. For others, once a month is enough. Many people see oral

sex (using the mouth or tongue) as a normal part of sex, but some believe it's not OK. "Normal" for you and your partner is whatever gives

you pleasure together. Both partners should agree on what makes their sex life enjoyable.

It's common for people coping with cancer to lose interest in or desire for sexual activity at times. Doubts and fears, along with cancer and cancer treatment effects, can make you feel less than your best. Sometimes concerns about your health may be much greater than your interest in sexual activity. But as you get back to your usual routines, your desire for intimacy may return, too.

It's OK to be interested in sex throughout your life.



There are some who think sex is only for the young, and that older people lose both their desire for sex and/or their ability to “perform.” Those beliefs are largely myths. Many men and women can and do stay sexually active until the end of life. Still, it is true that sexual response and function may change over time with age. For example, more than half of men over age 40 have at least a little trouble with erections. For some of these men the problem is severe. Many women also notice changes as they get older, sometimes even before menopause begins. A decrease in sexual desire and problems with vaginal dryness may increase during and after menopause.

Sometimes, sexual problems center around anxiety, tension or other problems in a relationship. Other times, they may be the result of a physical condition, a medical condition, or medicines that cause or worsen sexual difficulties. But most symptoms can be treated. We now have medicines, therapy, surgery and other treatments that can help people deal with most kinds of problems they may have. If you want to keep your sex life active, you can likely do so.

If you're in a relationship and one of you has a sexual difficulty, it affects both of you. If you are working on sexual problems, it works best when your partner can be part of the solution.

Keeping your sex life going despite cancer treatment



Here are some points to keep in mind as you continue your sex life during or after cancer treatment.

Learn as much as you can about the possible effects your cancer treatment may have on your sexuality. Talk with your doctor, nurse or any other member of your health care team. When you know what to expect, you can plan how you might handle those issues.

Keep in mind that, no matter what kind of cancer treatment you have, you'll still be able to feel pleasure when you are touched. Few cancer treatments (other than those affecting some areas of the brain or spinal cord)



damage the nerves and muscles involved in feeling pleasure from touch and reaching orgasm. For example, women whose vaginas are painfully tight or dry can often reach orgasm through stroking of their breasts and outer genitals. Some types of treatment can damage a man's ability to have erections. But most men who cannot have erections or produce semen can still have the feeling of orgasm with the right kind of touching. For people with cancer, sexual touching is often satisfying. Pleasure and satisfaction are possible even if some aspects of sexuality have changed.

Try to keep an open mind about ways to feel sexual pleasure. Some couples have a narrow view of what sexual activity means to them. If both partners cannot reach orgasm through or during penetration, some may feel disappointed. But for people being treated for cancer, there may be times when intercourse is not possible. Those times can be a chance to learn new ways to give and receive sexual pleasure. You and your partner can help each other reach orgasm through touching and stroking. At times, just cuddling can be pleasurable. You could also continue to enjoy touching yourself. Do not stop sexual pleasure just because your usual routine has been changed.

Try to have clear, two-way talks about sex with your partner and with your doctor. If you are too embarrassed to ask your doctor whether sexual activity is OK, you may never find out. Talk to your doctor about sex, and tell your partner what you learn. Otherwise, your

partner might be afraid that sex might hurt you. Good communication is the key to adjusting your sexual routine when cancer changes your body. If you feel weak or tired and want your partner to take a more active role in touching you, say so. If some part of your body is tender or sore, you can guide your partner's touches to create the most pleasure and avoid discomfort.

Boost your self-esteem. Remind yourself about your good qualities. If you lose your hair, you may choose to wear a wig, toupee, hat or scarf if it makes you feel more comfortable. Some women prefer to wear nothing on their head. You may wear a breast form (prosthesis) if you have had a breast removed. Do whatever makes you feel good about yourself. Eating right and exercising can also help keep your body strong and your spirits up. Practice relaxation techniques, and get professional help if you think you are depressed or struggling.

How cancer treatment affects sexual desire and response

Lack of desire

Both men and women often lose interest in sexual activity during cancer treatment, at least for a time. At first, concern for survival is so great that sex may not be a priority. This is OK. Few people are interested in sex when they feel their lives are being threatened. When people are in treatment, loss of desire may be caused by worry, depression, nausea, pain or fatigue. Cancer treatments that disturb the normal hormone balance can also lessen sexual desire.

If there's a conflict in the relationship, one partner or both might lose interest in sex. Any emotion or thought that keeps a person from feeling excited can interfere with desire for sex. Distracting thoughts can keep someone from getting aroused. Many people who have cancer worry that a partner will be turned off by changes in their bodies or by the very word "cancer." These worries can affect desire, too.

Pain

Pain is a common problem for women during vaginal penetration (and/or intercourse). It's often related to changes in the vagina's tissues

or size and vaginal dryness. These changes can happen after pelvic surgery, radiation therapy, menopause or treatment that has affected a woman's hormones.

Sometimes the pain sets off a problem called vaginismus. If a woman has vaginismus, the muscles around the opening of the vagina become tense without the woman being aware of it. This makes vaginal penetration difficult. Pushing harder increases the woman's pain because her vaginal muscles are clenched in a spasm. Vaginismus can be treated with counseling and some special relaxation training.

Men sometimes feel pain in the genitals during sex. If the prostate gland or urethra is irritated from cancer treatment, ejaculation may be painful. Scar tissue that forms in the abdomen (belly) and pelvis after surgery (such as for colon cancer) can cause pain during orgasm, too. Pain in the penis as it becomes erect is less common. Tell your doctor right away if you have any pain in your genital area.

Chemotherapy also changes the way you look



The most obvious change caused by chemo will likely be hair loss. You may expect to lose the hair on your head, but other body hair, such as eyebrows, eyelashes and pubic hair are often affected, too. You may also lose weight and muscle mass if you have trouble eating. Your skin may get darker, become dry and flaky, or you may be very pale. Your nails may become discolored or ridged. You may also have an infusion (IV) catheter or port placed in your chest or arm.

Some physical changes caused by chemo can be covered up or made less obvious. If you are just starting chemo, you may want to shop for a wig or hair piece before your hair begins to fall out. If you have very long hair, you may even be able to have it cut off and made into a wig. This is costly, but some people find it worthwhile. Wigs and toupees are warm and often not comfortable, so you may decide to mostly wear it outside the home or hospital. You can also use scarves, turbans, hats, or caps. Some women leave their heads uncovered. Still others switch back and forth, depending on whether they are in public or at home with family and friends. You may decide to wear a hat or cap instead of a hairpiece or wig in public. Many men feel a hairpiece is just too much trouble, especially since it's not easy to find one that looks natural. Some men decide to just shave their heads. But other men may feel ashamed for even caring about being bald. It can be just as upsetting for a man to lose his hair during cancer treatment as it is for a woman. It's a good idea for a couple to discuss how each of them feels about wearing a wig, hairpiece or head covering during lovemaking. There's no right or wrong decision.

Disguising weight loss, skin color and nail changes, and infusion catheters is a bigger problem. For the most part, clothes that fit well look better. Wearing something too tight or too baggy will just draw attention to any weight change. High necks and long sleeves can hide a catheter, but may be too hot in warm weather. Look for thin fabrics that will be cool while covering you.

Sometimes the changes in your body are so upsetting that you can't relax or think positively. Rather than feel like a failure, take this as a clue that some counseling from a health care professional would be helpful.

Feeling good about yourself and feeling good about sex

In the United States, especially in the media, sex is all too often viewed as something for the young and healthy. Sex appeal is judged by some as a skin-deep sort of beauty rather than something based on love, kindness, maturity or a sense of humor. Based on looks alone, most people may not feel all that attractive to start with. And after being treated for cancer, their self-esteem can often fall even further.



After cancer treatment, it's easy to focus only on the part of the body that has been affected. For example, a single woman who has had a laryngectomy may fear she won't be able to find another partner because she has lost her voice.

Sometimes friends and lovers withdraw emotionally from a person with cancer. This may not be due to how the person looks, but may be caused by some feelings or thoughts in the person who's doing the looking. When one partner cannot bear to look at the other's ostomy appliance, for instance, it may be a sign of much deeper feelings. Maybe they're angry because they have to take over the partner's usual tasks of paying bills and doing housework. Or the ostomy may remind one partner of how sad they would be if the other person died. It might be easier not to love that person so much. A partner may even be more aware of their own chance of death, which can be upsetting, too. Yet all these feelings get blamed on a stoma, which is a small part of one partner's body. The "well" partner, in turn, may also feel like a failure and know that they're letting down the partner who's had cancer at a time when they are most needed.

Don't give up on each other. It may take time and effort, but keep in mind that sexual touching between partners is always possible. It may

be easy to forget this, especially if you are both feeling down or have not had sex for a while.

Rebuilding self-esteem



Feeling attractive is just one part of your self-image. Wendy Schain, Ed.D., a psychologist who counsels men and women who have had cancer, describes self-esteem as a set of bank accounts:

One account contains the net worth of your

physical self – what your body can do and how you look.

The second account is your social self – how easily you get along with others and the emotional support you can count on.

The third account is the total sum of your achieving self – what you have done in school, work, and personal and family relationships.

The fourth account is for your spiritual self – your religious and moral beliefs and the strength they give you.

During your life, you make deposits in your accounts, but when a crisis like cancer comes up, you must also make withdrawals. Going through cancer treatment has costs. It takes time, and may take away some of your physical ability to function. It can harm your relationships with others, your career goals and sometimes your faith. When funds from one of your accounts become low, you may need a "loan" from one of the others to balance your account.

Try to be aware of the costs of cancer in your life. Make a special effort to get new deposits for the accounts that remain active. By doing so, a drain from one area of your self-worth will not bankrupt you entirely. If your cancer treatment has affected your looks, focus on the love and care you get from friends and family who react to you with a deep level

of intimacy. If treatment interrupts your work, use some of your energy to enrich your social or spiritual life.

Although you may sometimes feel that all your accounts are getting low, a more careful look should reveal some areas where “income” is still flowing in.

Good communication: The key to building a successful sexual relationship

The most important part in keeping a healthy sexual relationship with a partner is good communication. Many people react to cancer by withdrawing. They think their partner will feel burdened if they share their fears or sadness. But when you try to protect each other, each suffers in silence. No couple gets through cancer diagnosis and treatment without some anxiety and grief. Why not discuss those fears with one another so that you shoulder the load together rather than alone?

Sex is one way for a couple to feel close during the stress of an illness. But if you or your partner has been depressed and distant, a sexual advance might come across as a demand. You can bring up the topic of sex in a healthy, assertive way. It’s usually not helpful to accuse (“You never touch me anymore!”) or demand (“We simply have to have sex soon. I can’t stand the frustration!”). Instead, try to state your feelings positively. (“I really miss our sex life. Let’s talk about what’s getting in the way of our being close.”)

Overcoming anxiety about sex

Many couples believe that sex should always happen on the spur of the moment, with little or no advance planning. But sometimes you are dealing with a cancer-related symptom or treatment side effect that makes it impossible to be as spontaneous as you would have been in the past. The most important thing is to open up the topic for discussion and begin scheduling some relaxed time together. Couples need to restart their lovemaking slowly.

Part of the anxiety about resuming sex is caused by the pressure to satisfy your partner. One way to explore your own capacity to enjoy sex is to start by touching yourself. Self-stimulation (or masturbation) is not a required step in restarting your sex life, but it can be helpful. By touching your own genitals and bringing yourself pleasure, you can find out if cancer treatment has changed your sexual response without having to worry about frustrating your partner. It can also help you find out where you might be tender or sore, so that you can let your partner know what to avoid.



Many of us may have learned as children that self-stimulation was wrong or shameful. But it’s a normal and positive experience for most people. Most men and women have

tried touching their own genitals at some time in their lives. Many people who enjoy good sex lives with their partners still masturbate sometimes. Men and women in their 70s, 80s and 90s often still enjoy self-stimulation.

If you feel relaxed with the idea, try stroking not just your genitals, but all of the sensitive areas of your body. Notice the different feelings of pleasure that you can have.

Rekindling sexual interest

Every now and then we all have sexual thoughts or feelings, but sometimes we ignore or forget about them. Your sexual thoughts can be used to improve your sex life. Try keeping a “Desire Diary.” Here’s how:

- Every day for a week, prepare a sheet of paper that will become your Desire Diary. Take it with you wherever you go. When you have a sexual thought or feeling, write it down. Note the time of day and whether you were alone or with someone. Also note what you did about the thought.
- Look at your Desire Diary to see if there are any patterns, such as certain settings, people or times of the day that help you feel more sexual.
- Once you have noted some patterns, you can begin putting yourself in the situations that spark a sexual mood, such as exercising, planning a relaxed evening out with your partner, making a special effort to look and feel sexy, reading a steamy story, watching a movie with a romantic or sexual plot, or fantasizing about a sexual encounter.
- Get your partner's help at some point. Discuss any fears either of you may have about your sexual relationship. If you have questions about medical risks, you and your partner should discuss them with your doctor.



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Sheri & Les Biller Patient and Family Resource Center
626-218-CARE (2273)
BillerResourceCenter@coh.org



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