



Understanding Women's Sexuality after Bladder Cancer webinar

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Part II: The Emotional Impact

Presented by



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Sexual health is affected, honestly, for every cancer patient, every cancer survivor—so you are not unique in wanting to have information and in thinking that it's important. In fact, there are sexual problems in the general population after the age of 40. There is a group at the University of Chicago that studies sexual behavior throughout the lifecycle and what they find is that in a population of men and women over 40, as many as 80% of men and 70% of women report they have sexual difficulties. These might be, for many women, due to menopause and health conditions, and for men it's largely due to

Sexual problems in the general population

(n=1941, age 40-80)

- **79% men and 69% of women** report sexual difficulties
- **Men** complain about erectile dysfunction
- **Women** complain about difficulty with lubrication and lack of sexual interest
- 76% men and 80% women do not seek help for sexual problems
- Patients report discomfort asking physicians about sexual health concerns
- Physicians report discomfort approaching sexual health topics

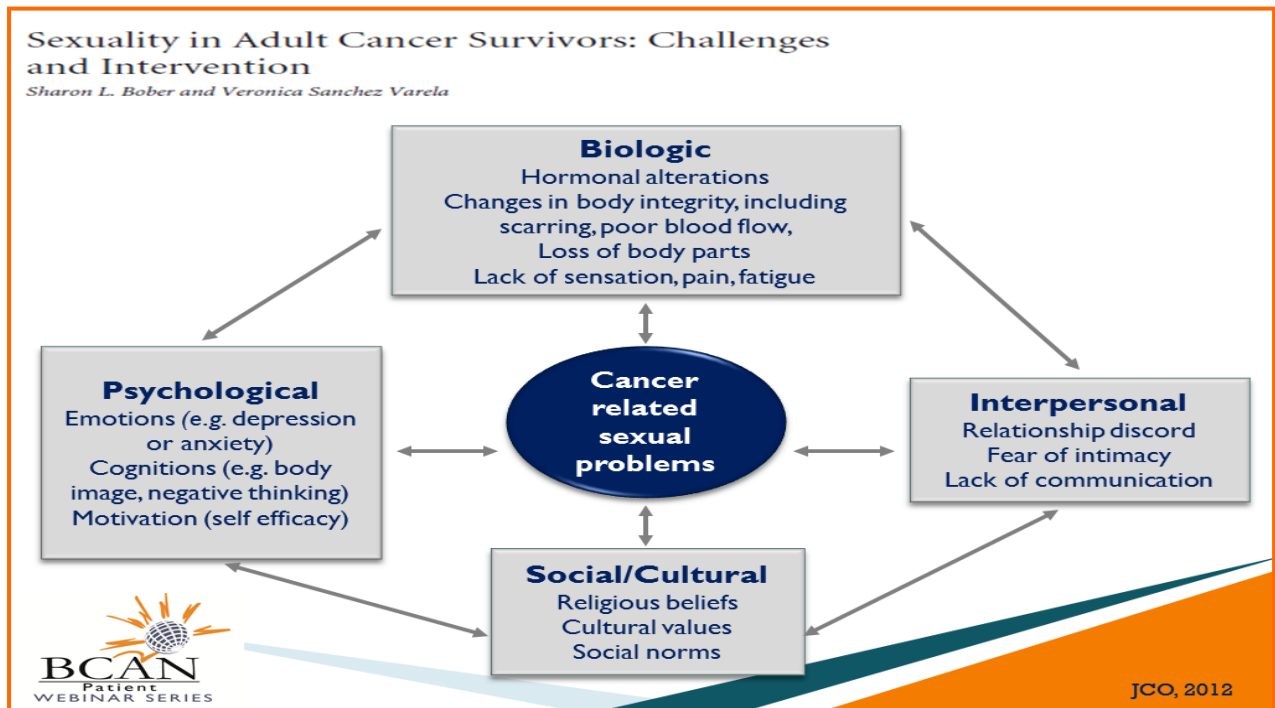


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health conditions and aging. Men are mostly concerned about erectile dysfunction, women complain about difficulty with lubrication and lack of sexual interest. So as I said, this is not a unique issue, however most men and women don't seek help for sexual problems. Largely this is due to the fact that people are uncomfortable: both patients and physicians, and nurses and social workers and psychologists—everyone is pretty uncomfortable with the topic. Patients don't realize that they are entitled to ask about this in the context of that chronic condition. So that's just the general population.

So this is a nice diagram that shows how cancer can lead to problems. If you look up at the top, you're going to see that cancer treatment produces all kinds of body changes, sort of what LaShon talking about, it can change hormones, body integrity, it can decrease blood flow, which is really necessary for sexual function, and some people lose body parts. Some people have lack of sensation and pain and many kinds of treatment cause fatigue. So if somebody is going through any of these physiological changes, you can bet that this person is going to also get feelings about it. Sometimes people feel depressed or anxious, they worry they can't have control over their body anymore, and feeling like life is going to be much harder in this way.



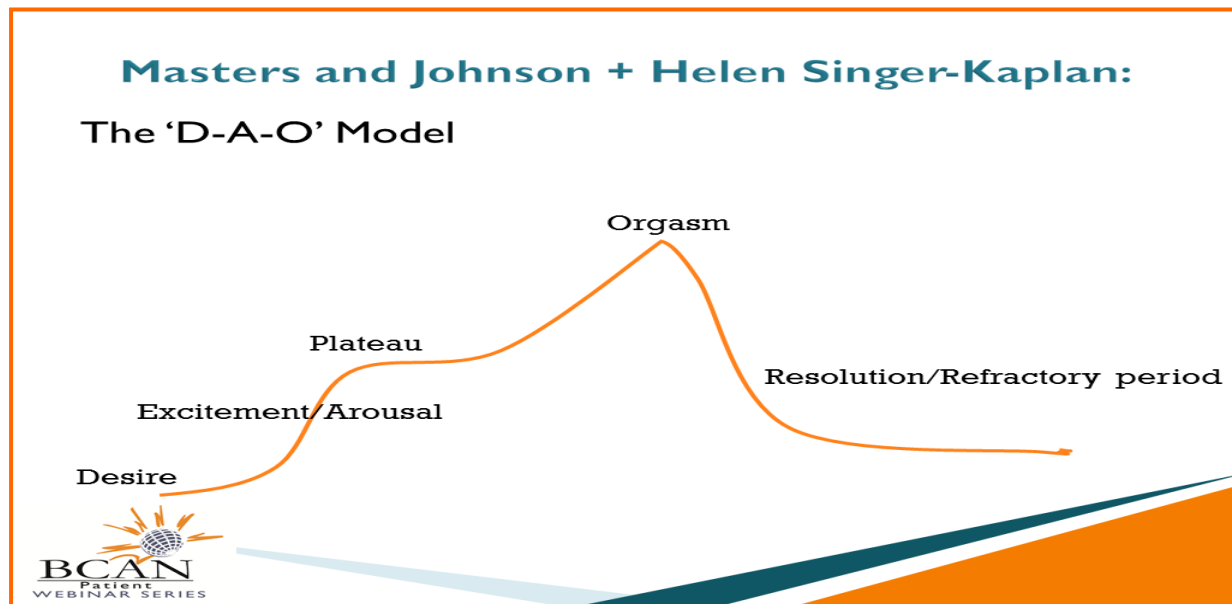
You can bet if a person's feeling worried about their functioning, that their partner is going to notice it and there's going to be some tension in the relationship because even when people try to support each other and be kind to each other, there is this anxiety about what the future holds. At best, you communicate about it and find resources and figure it out. At worst, you are avoiding talking about it and feeling less connected, In the United States, we're growing increasingly diverse, so it's important when we do evaluations about sexual health to consider

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the social and cultural affiliations. For example, in prostate cancer, one of the rehabilitation activities is masturbation. We know that in the Catholic faith that may not be an acceptable practice and it is also not acceptable in the Muslim faith. Social and cultural attitudes toward sexuality have a great influence on how people can deal with sexual recovery. So, as you can see here, it's a really much bigger picture than what happens to the body. It starts with the body, and then it kind of penetrates into peoples' psychology and their relationships.

Just a quick review of the human sexual response, first described by Masters and Johnson and then amended by Helen Singer-Kaplan. Sexual response starts with desire, which is largely a mental process where we begin to think about sex, we begin to cue to sexual stimuli, have sexual fantasies, and that brings about arousal. We begin to feel that our heart is beating a little bit faster, we start feeling flushed, breathing gets a little bit faster and in the brain, the neurotransmitter dopamine starts rising to help us focus on pleasurable outcomes, and testosterone rises. The feeling of pleasure increases and if stimulation goes to the plateau,



which is basically getting more and more aroused until you reach orgasm. Orgasm is characterized for women by contraction of the pelvic floor and the uterus at about .8 second intervals and then an intense pleasurable feeling. Afterwards, the next phase is called resolution, the time when oxytocin starts forming in our brains and starts making us feel very relaxed, bonded and comfortable. For some women, it's a period where they may be able to enjoy another orgasm and some women are multi-orgasmic, but not all women are. That's the basic idea of the human sexual response. What happens when women lose their ovaries and lose the ability to feel natural desire, the work toward arousal and orgasm is a little more labor-intensive but it's certainly very possible.


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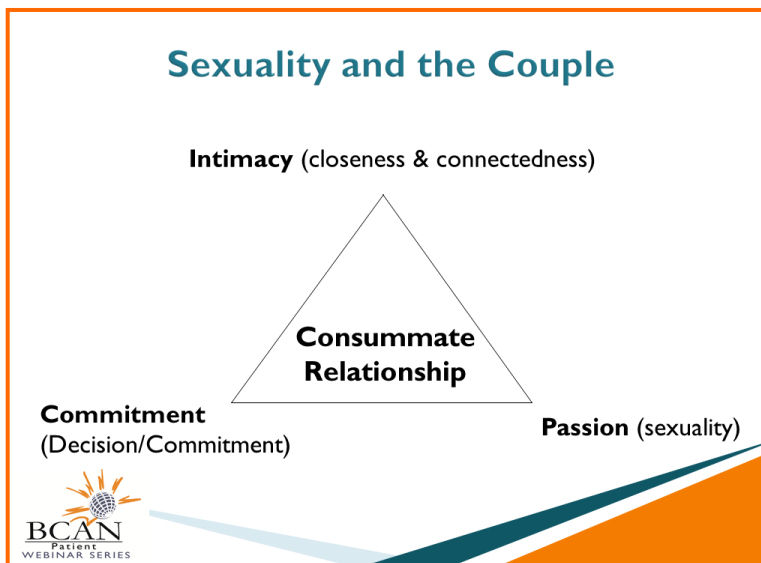
LaShon [Day in Part I] mentioned that we should just say that when people experience surgery in their pelvis and part of the pelvis is removed or treatment changes the way the body works, people experience loss as well. First loss is a sense of one's body image—we all grow up with an idealized way that we feel about our bodies and all of a sudden we may lose familiar sensations and that doesn't feel good, and that includes familiar sexual feeling. People begin to lose confidence; if a person's single, they begin to lose confidence as person viable for a sexual relationship or a relationship in general. If people are partnered, then if there is no ability to have spontaneous arousal and it's more work, then there's a sense that spontaneity is lost, and the familiar interactions, which were very easy to come by, are no longer, so that is quite challenging.

What is Affected/Lost?

- ❖ **Body image**
 - Familiar sensations
 - Familiar sexual feelings
- ❖ **Sexual confidence**
 - Dating
- ❖ **The relationship**
 - Familiar sexual interactions
 - Loss of spontaneity



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In the relationship, if you see your relationship as kind of resting on a tripod of important factors—first of all people make a commitment to each other, then they get to know each other very well and being to feel emotionally close and intimate. And then, sexuality is kind of like the glue 3rd part that holds our relationship together. When people lose sexuality or their passion, even if they've been very intimate while still being able to

talk about sex, it becomes an avoided subject. They begin to lose intimacy and pretty soon they start to feel very distant from one another and lost, and that's a very hard thing to go through. In sex therapy, we realized that it's very important to be aware of all these three important aspects of a relationship.


You may probably not find it surprising that when you lose something, usually we grieve the loss and people don't always talk about it very much in the context of sexuality and cancer, but if you lose a limb, you grieve it, when you lose a person, you have to grieve for that person. But if you lose familiar sexual sensations and interaction, it's important to realize that it has happened, that there are painful feelings that can go along with it and that those are normal and should be experienced

and they get better over time. It's important to realize that it's kind of a different way we have to start relating to sexuality, although as point #4 says, you don't want to disconnect from your old sexuality. Just because your sexuality is different now doesn't mean it's not connected to what it was like before. I would to say to people, if you [were] being good lovers before, you can be good lovers in this context as well; you just have to figure out how to do it this time. You've kind of started like you are 16 again figuring out your sexuality, but this is all part of feelings started by realizing that something has changed, having feelings about it, and then problem solving about how you are going to get back the good feeling that came from having a sexual relationship in this new context.

The Tasks of Grief and Mourning

1. Accept the reality of the loss
2. Experience the pain or emotional aspects of the loss
3. Adjust to an environment in which the old sexuality is missing
4. Relocate the old sexuality within one's life and find ways to memorialize it

Worden, 1996

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