



Understanding Women's Sexuality & Intimacy after Bladder Cancer

With Dr. Daniela Wittmann, PhD, MSW



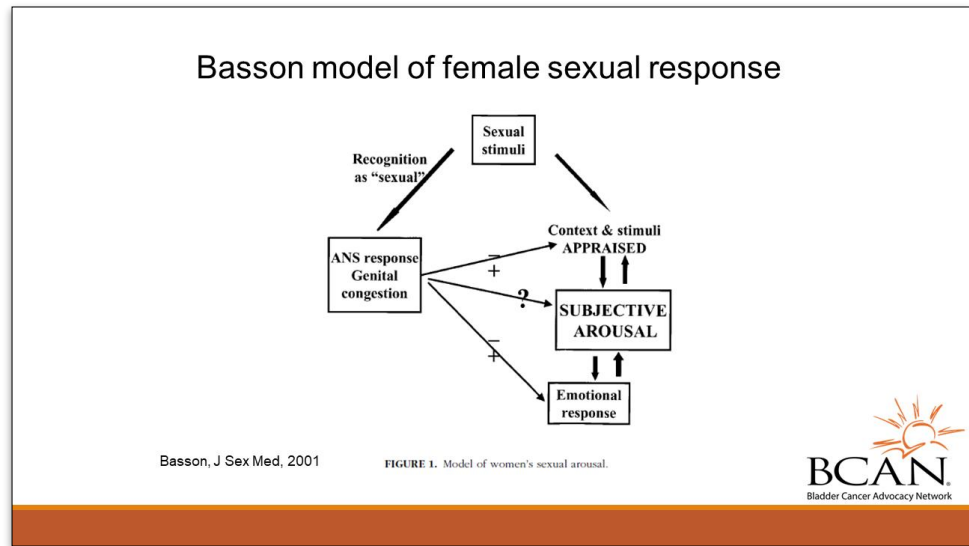
Mechanisms of Sexuality and Intimacy

Dr. Wittmann: I'm just saying that the refractory period is really true for men, not so necessarily true for women. So now I just told you the linear sexual response for men, because it's very linear. Men can easily focus on their sexual goals, on their sexual desire and then they pursue sexual activity. This has both the influence of testosterone, which is a very strong hormone, and men have much more of it than women. But it's also culturally influenced by the fact that men are encouraged to and rewarded for pursuing sexual goals, while women are shamed for doing it even today.

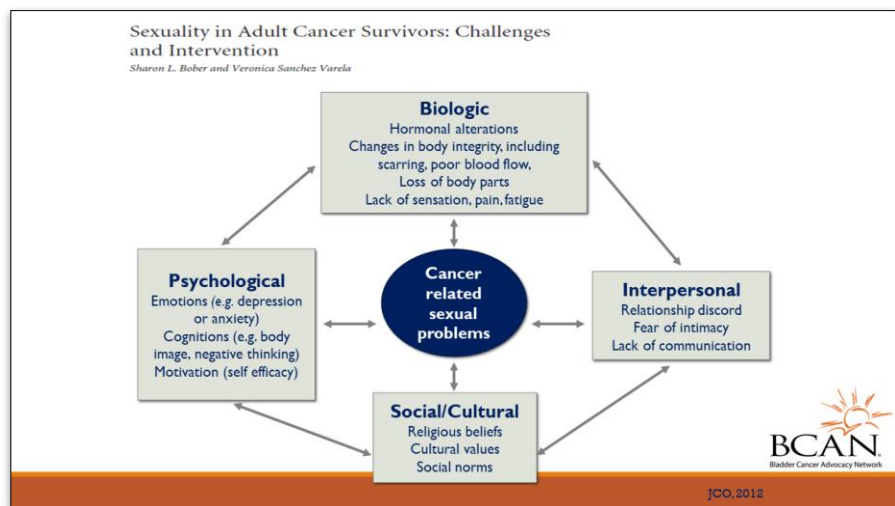
So if you see this cartoon, women have to feel that they are loved before they're going to have sex, but men really ... It's not really true that they don't care, but they can certainly decide more than women, much more hormonally driven. So there is an investigator in Canada who has investigated female sexual response and she found that, women have this physiologic capacity to go from desire to arousal to orgasm, but really many women are most of the men are very much influenced by what's going on in their environment by the quality of their relationships. So they assess that before they decide subjectively, whether they want to engage in sexual activity.



Dr. Wittmann: This is probably not true when people first fall in love, but down the line, the man is always driven by testosterone. The woman is often driven by, what else is going on in the family and by the quality of the relationship. It is also important to realize that we don't just have sexual function. We are also influenced by other things. So Dr. Basson developed this conceptual model about sexuality and how it's affected by cancer. So, we all know about the physiologic things, the hormonal alterations of body parts, lack of sensation, pain, all those things that I talked about earlier.



But we also know that when a person's sexuality changes, that that person is also experiencing a psychological response, which could be feelings of loss, sadness, anxiety about the future, anxiety about the partner, loss of confidence, in some cases avoidance, desire to avoid sexual activity. And if that person is so concerned, you can bet that the partner would be aware of that.



Partially responding then to the patients change in sexual function and psychological response and also having him or her own response, and I guess the case of women, it's the response of the partner who realizes that he or she be it the male or female partner, they'll have the same sexual function and interest and the body is the thing.

But that person's sex life has been unutterably changed, because of the effects of cancer and its treatment on that partner. The last thing I wanted to mention is that we live in a very multicultural society, and so when talking about sex, it's always important to talk about people's religious beliefs, cultural values, social norms, things like that. In sex therapy because we want to, we encourage masturbation, because masturbation really encourages blood flow. Not everybody has a partner and not everybody has a partner that's constantly available for sexual activity.

Dr. Wittmann: So for some people for reasons of religion, for reasons of cultural background, that is not an acceptable activity. So we have to be thoughtful and mindful about what people's parameters are for what can be talked about, who can talk about it, what activities are okay and what activities are not. And sometimes it poses genuine challenges to people's sexual recovery. So by definition, change in sexuality is a loss. Usually people don't go from a sexuality that's working to a better sexuality. Usually cancer and its treatment represents losses. And so, we think about what is lost, what is it that a person that has cancer has to deal with?

So first of all, they lose their familiar sensations and familiar sexual feelings and as I said before, maybe confidence as well. And it says dating here, but it's not just about dating. It can be in an established relationship when a person feels that she is unable to provide her partner with what she used to be able to provide, which is the joy for sexual experience. Plus there may

be some physical barriers that can really prey on a personal sense of confidence and self efficacy. And it can make a person feel sad or anxious or depressed.

And then in the relationship, as I mentioned before, suddenly all the interactions that are familiar and normal and easy, have changed. And somehow there's a need to develop a new way of interacting in the context of how the body functions now. Other generally seeking means, loss of spontaneity, because when a person has to use sexual Aids such as a lubricant or maybe a vibrator or something like that, and when a person doesn't have enough estrogen to feel that natural desire and has to be stimulated to desire, then whatever spontaneity was there, it's challenged.


I should say that for many people, we then talk about not a spontaneous desire, but a responsive desire. For many people, desire can be stimulated. So it doesn't go from desire, arousal, orgasm, but it goes from stimulation to stimulate desire through a certain amount of arousal and then more arousal and orgasm. And that means often scheduling sexual activity, because it's just not going to come out of the body's desire. It's going to come out of, "I really love this person. I really enjoy sex with him or her and I want to have it. So it's good for me during such and such a time, because I'm not tired and let's figure out when it's good for both of us."

People often look at that I have to say. People hate the idea of unspontaneous sex. People hate the idea of sex as work. And nobody can blame anybody. But in reality, so many people, spontaneity in sex goes out of the window when they have young children. It goes out of the window if they have for example, a couple works opposite schedules. There are lots of things that interfere with spontaneity throughout life, but somehow cancer and its treatment and the change of the body bring it into high relief and suddenly a personal can feel, or a couple can feel very robbed of the ability to have spontaneous sex.

So there's a lot of psychological work that has to go on to cope that this. To go back to dating, it's been my experience as a sex therapist that as a person grows in her confidence to be able to be a good lover,

What is Affected/Lost?

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



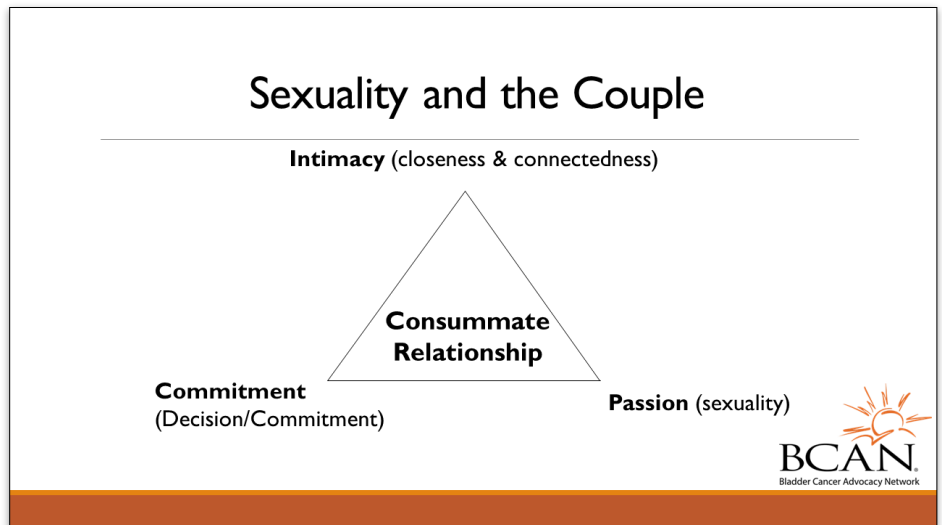
and remember that intercourse is not the only way to be a good lover. There are all kinds of ways of being a good lover. The challenges of cancer, including bladder cancer become less, because most people want to have pleasure with the person that they love. And as long as there's a capacity to have pleasure, and as long as there's a will and willingness to experiment, dating does not become a problem. What does become important though, is assessing who a person is dating. Is this the person who has rigid ideas about what sex should be like?

Dr. Wittmann: Is this a person who can accept dating somebody who has cancer? Because some people get very afraid of dating somebody with cancer, because they assume loss in future and so on and so forth. So some people are very afraid. So choosing the right partner becomes very important, but there are lots of right partners out there and being able to be sexual totally available. I have to say that, I have rarely encountered that people cannot manage having a dating relationship and eventually a long-term relationship.

So, I've mentioned several times that the couple is clearly affected. And if you think about a relationship standing on three legs, people get committed to each other and then over time develop intimacy, which is really about getting to know each other, getting to know each other's behavior and thoughts and feeling like, "Oh my goodness, my partner knows me better than I know myself," and sharing that and it's very unique to a couple. And then of course the third piece of that glue is sexual intimacy. Now sometimes what happens with cancer and its treatment is that, people are very afraid to talk about how their sexual relationship has been affected by cancer.

And they do it often out of care for the other person. They don't hurt the other person. They don't want to make them feel anxious. And so they stop talking about it and potentially stop having sex or have it very, very rarely. And once they begin to avoid one subject, that's something that spreads and suddenly the intimacy is also eroding, because if you can't talk about everything and anything with your partner, then you're no longer as close to them as you were once before. And then all of a sudden couples are stuck with having a relationship that is committed, but is somewhat emptied of intimacy and passion.

Now, there are couples who manage whether they are dealing with cancer or not, who as they age, find sexuality less of a priority. And they find other ways of being close and intimate and for both of them that's really okay. And it certainly is a perfectly fine way of being in the world. I'm only talking about the couples for whom sex is important. Then what becomes extremely important is having people talk about what's going on, what's possible, what may be lost so that they both have to grieve, but recognizing that much of sexuality still available for most people and needs to be experimentally figured out



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