

**Livestrong Presentation on  
Relationships, Intimacy, Sex and Sexuality  
Presenter: Dale A. Milner, LCSW**

**RELAXATION RESPONSE:** Deep breathing helps to reduce tension, and stress also to deepen comfort levels when discussing difficult topics.

**RELATIONSHIPS:**

**Self:**     Physical: How we treat and use our bodies.  
              Cognitive: What we tell ourselves about ourselves. What we think.  
              Emotional: How we feel about our bodies and ourselves.  
              Spiritual: A meaningful connection between ourselves and a higher power.

**Personal:**

**1. Spouse/ Partner:**

Physical: Affection, sex, general interaction. (Shared activities)  
Cognitive: What we believe and think about our relationships.  
Emotional: How we feel about our relationships. (Satisfaction, pain)  
Spiritual: Connection with our partner on a higher plane that gives the relationship deep meaning for us.

**2. Family:**

Emotional: Profound connections that satisfy and meet our need to feel connected and part of a group. (A survival need)  
Cognitive: What we have been taught and now believe about our relationships with our family.  
Physical: Our survival is based on being physically taken care of when we are children, and there may be residual care-taking connections still present in our relationships with family members.  
Spiritual: You may or may not have a spiritual connection with your family.

**3. Friends:**

Cognitive: What we tell ourselves about our friendships.  
Emotional: How we feel about our relationships. (positive, negative or in between)  
Physical: How we physically interact with friends.

**4. Acquaintances:** Not as important or as meaningful to us. (co-workers, etc)

## **Questions to Ask Yourself About Your Relationships**

- Am I satisfied with all or some of my relationships? Which ones and on what level?
- What do I expect to get from my various relationships? Are my expectations realistic? Are my expectations usually met or am I frequently frustrated or disappointed?
- Do I ever feel overwhelmed or out of control in some or all of my relationships?
- How would you like to feel in your various relationships? Do you get closer to your ideal in some relationships more so than others? What do you do to promote those positive/negative feelings?
- What would need to be changed in your various relationships, and on which levels, in order for you to feel peaceful and satisfied?

### **Relationship Myth**

I should love and be loved unconditionally: Parents love children unconditionally, adults love each other unconditionally only if they follow the rules of the relationship that each couple creates for themselves, therefore, there are conditions.

### **Couples “One Fight”**

“If you loved me you would....” (Fill in the blank)

Likely response or reaction: “You’re trying to control me.”

### **Relationship Rule Suggestions**

1. Maintain honesty and trustworthiness.
2. No violence, physical or verbal.
3. Maintain personal integrity.
4. Tell the truth with kindness.
5. Say what you mean and mean what you say.
6. Fight fair.
7. Be willing to compromise. Get some and give some so that there are no winners or losers, thus, there will be no resentment which is a victim emotion. Victims need abusers!!
8. Work to achieve the Four Points of Balance:

### **Four Points of Balance: Developed by David Schnarch, PhD.**

1. Develop a strong/solid flexible self.
2. Develop the ability to have a calm heart and a quiet mind.
3. Learn to make grounded responses.
4. Learn how to achieve and maintain meaningful endurance.

## **Communication**

Communication is the vehicle for enjoyment, intimacy and problem solving.

### **Reflective Listening Technique:**

1. State a specific topic to be discussed in 25 words or less.
2. Ask if it is a good time to talk. If it isn't then a specific time and place is agreed upon. "Later" is not a good response. Be specific.
3. The Listener goes into an imaginary protective bubble and turns their mind over to the Speaker.
4. The Speaker states their feelings, thoughts and requests about the topic and only says about 1-2 paragraphs of information at a time.
5. The Listener then reflects back to the Speaker what they have heard but does not comment or rebut the statements.
6. The Listener asks if he or she paraphrased it correctly. If yes, then the Speaker continues. If no, then the Speaker restates until the Listener gets it right.
7. When the Speaker states that they have expressed all of their thoughts on the subject then the Listener makes a brief summary of the key points about what he or she has heard.
8. The Listener then offers a statement of validation and or empathy.
9. They can now switch roles. Also, the topic can be changed.

## **Cancer, Sex and Sexuality**

Sex and sexuality are an important part of everyday life. The difference between sex and sexuality is that sex is thought of as an activity, something to do. Sexuality is more about the ways people feel, and is linked to our need for caring, closeness, and touch. Intimacy is the broadest form of connection between two people which includes the physical, cognitive, emotional, and the spiritual levels of a relationship.

\* 50% of all adults experience sexual dysfunction, sexual problems or dissatisfaction.

## **The Human Sexual Response Cycle:**

1. Desire: Anticipation, fantasy, yearning, physical and emotional openness to sex.
2. Excitement: Subjective sense of pleasure plus physical arousal. In males there are erections. In females there is increased blood flow to the pelvic region, vaginal lubrication, swelling of the genitalia, narrowing of the outer 1/3 of the vagina, breast swelling and lengthening and widening of the inner 2/3 of the vagina.
3. Plateau: Arousal levels off yet the feelings of arousal are maintained. There is pleasure without orgasm.
4. Orgasm: Sexual pleasure peaks and there is rhythmic pelvic muscle contractions and release of sexual tension.
5. Satisfaction/Resolution: The body returns to a non aroused state. Both males and females experience a pleasant afterglow, feel relaxed and sexually satisfied. The length of time in the afterglow state is related to the length of time in the arousal and plateau stages. Even without orgasm, resolution will take place. It just takes a little longer and there still may be satisfaction which is subjective feeling.

## **Hormones:**

- Estrogen: The hormone of “Nesting”
- Progesterone: The hormone of “Pregnancy”
- Testosterone: The hormone of “Lust”
- Androgen: The hormone of “Beards, Big Muscles and Deep Voices”

Men and women have all four hormones in different proportions

- Oxitosin: The hormone of “Love”
- Vasopressin: The hormone of “Loyalty”

**Cancer and cancer treatment can cause changes in any phase of the sexual response cycle.** Understanding these phases may help you to explain your experiences to your partner and to your health care team so that they can better diagnose changes and prescribe remedies to help you.

## **A few things to keep in mind about sex before, during and after treatment:**

- It is safe to have sex during treatment unless your MD says, “NO”
- Birth control should be considered and discussed with your partner and MD.
- Some chemo’s stay in your blood stream for awhile so condoms and dental dams are a good idea, especially for a few days after treatment.

- Radiation therapy does not affect your partner unless radiation treatment is introduced into the body and its effects last for several days/weeks.
- Fertility issues should be understood and decided on prior to the start of cancer treatments.

**Some typical physical problems for female cancer patients that can affect intimacy:**

- Loss of desire/ No mental arousal.
- Fatigue.
- Vaginal dryness.
- Pain of any sort, especially with vaginal penetration.
- Longer time needed to achieve orgasm or the inability to do so.
- Hormonal changes.
- Nausea, vomiting, diarrhea, constipation, gas, hair loss, weight changes, scars, sensitivity or tastes, smells and sometimes touch.

**Some typical physical problems for male cancer patients that can affect intimacy:**

- Erectile dysfunction (ED).
- Fatigue.
- Loss of desire/ No mental arousal.
- Delayed ejaculation.
- Inability to achieve orgasm.
- Pain in the pelvic region.
- Hormonal changes.
- Nausea, vomiting, diarrhea, etc. see above.

**Contraindications for Intercourse:**

- Heavy bleeding, nausea or fatigue.
- Mucositis (ulcers in the mouth or vagina).
- Radiation ulcers.
- Surgically produced changes that cause scar tissue that may lead to pain for men or women.

**Emotional Effects of Cancer:**

**Anxiety**

**Depression**

**Low Self Esteem, especially due to body changes.**

Often during cancer treatment, patients need for intimacy and affection greatly increase. It is unfortunate that this occurs when our relationships may be strained by worry and concern. Our emotions play a huge part in our sexuality. The way we feel about ourselves and our bodies can effect how we interact with others. You may feel inadequate, out of step with your partner and not sure what to do to feel better. Both you and your partner may experience the same or similar emotional effects of cancer and its treatment.

### **Possible Remedies for Sexual Problems:**

For Males and Females alike:

- Alternate sexual positions, use pillows for support and comfort.
- Timing intimacy.
- Adjust expectations of self and partner.
- Hormone Replacement (only appropriate for some, ask your doctor).
- Good communication with your partner.
- Keep your sexual “pilot light” lit.
- Know your own body and how it has changed sexually. Share this info. with your partner.
- Make sure your sense of humor is in tact. Use it liberally.

For Females:

- Vaginal dryness: Lubricants, water or silicone type, moisturizers like Replens, and vaginal estrogens if your MD approves.
- Vaginal dilators to stretch the vaginal canal that has been narrowed surgically.

For Males:

- Some men respond to Viagra, Cialis, or Livetra to obtain erections.
- Penile implants.
- Penile vacuum pumps.
- Medication that is administered thru injection or pellets.
- Discuss erectile rehabilitation with your physician prior to surgery, radiation or chemo.

### Note to men:

ED is more common with aging, especially if a man is a smoker, overweight or has high blood pressure, heart disease or diabetes.

### **Alternatives to Sexual Intercourse:**

If intercourse gives you pain or you feel uncomfortable, consider finding other ways of seeking sexual pleasure and intimacy with your partner. By practicing sensual and sexual touch you can experience sexual pleasure and closeness. It may be different from what you once did or how you felt but mutual caressing can relieve sexual frustration and help you feel like a lover again.

Manual stimulation to orgasm, oral or anal sex, or using a vibrator or other sexual toys, are options for some, unless you have beliefs that lead you to feel uneasy about these new behaviors. Only you can decide what kinds of sexual activities you are comfortable with. If you are unsure or conflicted about certain kinds of sexual play or touch, seek help from your physician, nurse, counselor or chaplain. Often, when people don't have sexual intercourse they quit all forms of sharing affection. It is important to continue with physical affection even if other sexual activities have stopped. Patience, time and good communication can work miracles for most couples.

### **Dating after Cancer:**

The most frequently asked question by cancer survivors who are single is “when is the right time to tell someone about my cancer and treatment?”

There is no formula or right time to talk about your health issues with someone you are dating. If you have scars or obvious bodily changes due to surgery etc. then the conversation starts itself. If there are no visible signs of what you have gone through then you tell someone about your experiences when they have earned the privilege to know that information. Trust your gut!!

If you have questions about this material you can reach me by email:  
**dale@dalemilner.com.**

This handout will also be posted on my web site: **dalemilner.com.**

**Thank You for Listening**

## **Suggested Reading on Relationships and Sexual Issues**

### **Intimacy and Relationships:**

Hendrix, Harville and Hunt, Helen. *Getting the Love You Want: A Guide for Couples*. (New York: Simon and Schuster, 2003).

Lerner, Harriet, *The Dance of Intimacy: A Woman's Guide to Courageous Acts of Change in Key Relationships*. (New York: Harper-Collins, 1989).

Wachtel, Ellen. *We Love Each Other but...: Simple Exercises to Strengthen Your Relationship and Make Love Last*. (New York: St. Martin's Press, 2000).

### **Intimacy and Sexuality:**

McCarthy, Barry and McCarthy, Emily. *Couples Sexual Awareness*. (New York: Carroll and Graf, 2002).

Also by Barry and Emily McCarthy. *Rekindling Desire*. (New York: Brunner/Routledge.

*Female Sexual Awareness*: (New Your: Carroll and Graf. 2003).

Schnarch, David. *Passionate Marriage: Keeping Love and Intimacy Alive in Committed Relationship*. (New York: W.W. Norton and Co. 1997, 2009).

Schnarch, David. *Intimacy and Desire: Awaken the Passion in Your Relationship*. (New York: Beaufort Books, 2009).

### **Desire and Libido:**

Mintz, Laurie. *A Tired Woman's Guide to Passionate Sex: Reclaim Your Desire and Reignite Your Relationship*. (Avon, MA: Adams Media, 2009).

### **Lubricants and Marital Aids:**

[WWW.sinclairinstitute.com](http://WWW.sinclairinstitute.com)

