

# Body Image, Intimacy and Sexuality

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Slides Adapted from Sage Bolte, PhD, LCSW, CST  
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*I am different now*  
*Life is different now*  
And its OK to NOT be OK with that



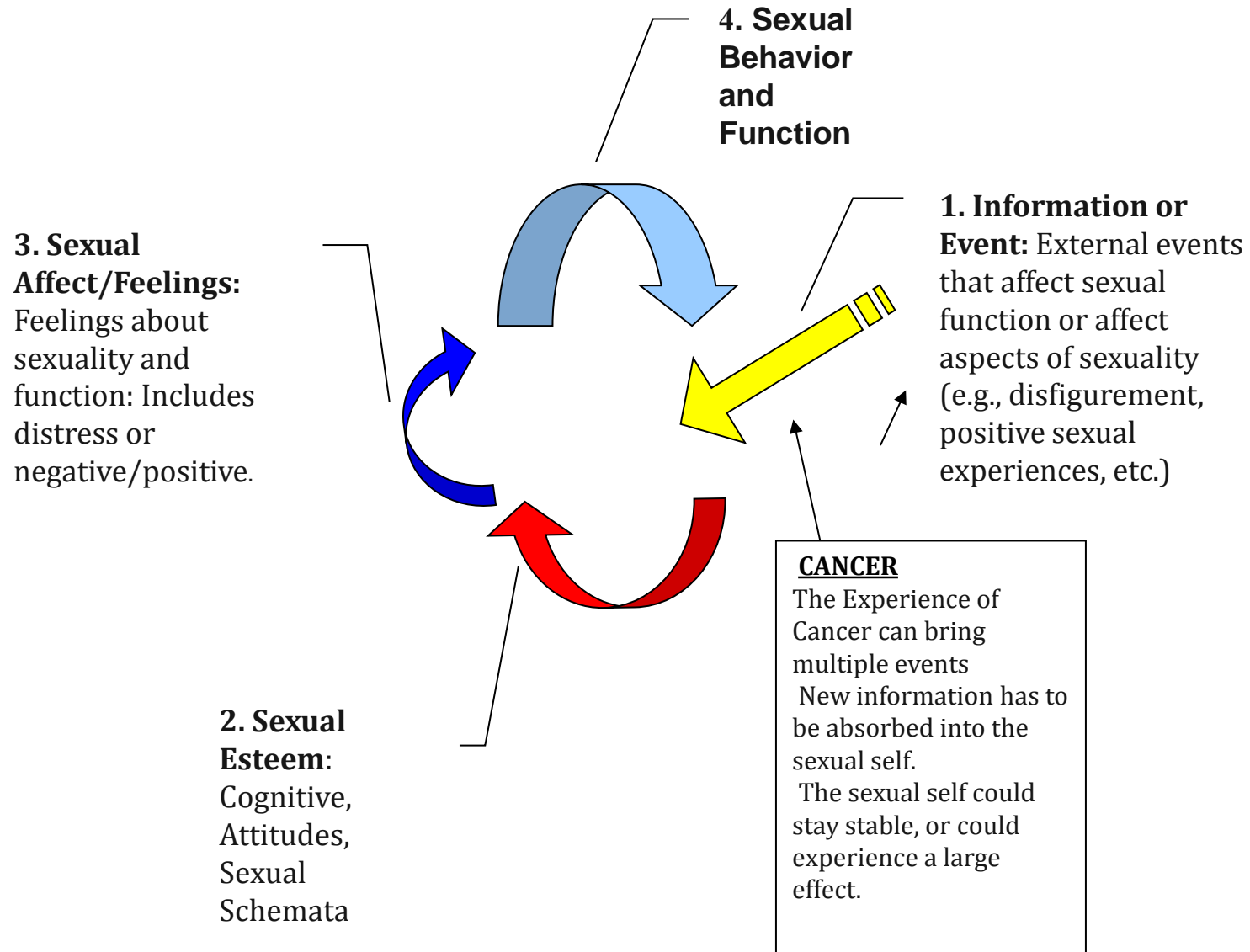
Give time for grieving  
Give time to redefine  
Acceptance will come



# Goals/Objectives

- Define the sexual self
- Normalize changes and expectations
- Identify the impact cancer and its treatments have on the sexual function, body image and intimacy
- Explore ways to improve each of these important aspects of the sexual self

# What is the Sexual Self?



- When Harry Met Sally Clip – Insert
- <https://www.youtube.com/watch?v=cOmVIL0vmfA&feature=youtu.be>

# Impact of Cancer Treatments on Sexual Function

- Nearly 100% of all women diagnosed with breast cancer will experience some change in their sexual self
- Changes in Libido/Desire
- Impaired sexual arousal
  - Decreased arousal due to changes in blood flow and/or medications
  - Menopause: hot flashes, vaginal discomfort in women (ie. stenosis, dryness or atrophy)
  - Lack of subjective pleasure
- Orgasmic dysfunction
  - Difficulty reaching orgasm or anorgasmia in women
  - Alteration in orgasmic intensity

- hormone changes
  - acute or premature ovarian failure
- consequences of ovarian failure
  - vaginal alterations, infertility, osteoporosis, hot flashes, mood changes, weight changes
- vaginal stenosis (narrowing/shortening)
  - Chemotherapy, menopause
- fatigue and decreased physical stamina

# “The Sounds of Silence”

- Reluctance on the part of the health care provider and the patient
  - 85% of adults want to discuss sexual functioning with their physician
  - 71% believe their physician lacks the desire and time to discuss sexual issues
  - 68% worry they would embarrass their physician
  - 76% feel treatments do not exist for their sexual dysfunction

Marwick, 1999, JAMA, 281:2173- 2174



# Vaginal Dryness and Pain

- assessment by pelvic floor therapist and/or pelvic pain MD
- vaginal health: *stretch, strengthen, moisturize*
  - Lubricants versus Moisturizers
  - vaginal dilators
  - vibrators
- topical or systemic estrogen (for some women)
- intravaginal dehydroepiandrosterone (DHEA)
  - RCT showed improvement in sexual functioning

- prescriptions: osphe<sup>n</sup>a, addyi (for some women)
- *mona lisa* treatment
- prolong foreplay
  - assists with adequate arousal and vaginal lubrication
- non-penetrative sexual activity
- assume a position during intercourse to allow control of rate and depth of penetration

# Low Desire

- Low Desire does not mean NO Desire....
- counseling and education
  - address relationship issues
- Assessment and treatment can help
  - body to brain expectations
  - rule out medical causes/contributions
  - anxiety, depression, body image changes
  - other sexual dysfunctions

# Low Desire

- How do you talk to yourself
  - cognitive restructuring and communication training (i.e. “I’ll never be the same” to “Life will be different, I have incredible strength to find new ways of satisfaction”)
- Managing expectations
- Mind to body (erotic focus)
- Relaxation Training
- Couples Based Therapy most effective

# Start with Yourself

- redefine success
  - often think of sex of sex as performance based with a specific outcome
- use masturbation enhancement aids
  - may improve confidence and decrease performance anxiety
- stay very self focused (get comfortable with own body first)
  - keep focused on sensations, distraction from negative thoughts and performance concerns
  - wear things that enhance the parts of you you feel confident about
- relaxation techniques: sensate focus exercises, deep breathing, massage

# Sensate Focus Exercises

- Sensate focus exercise
  - To provide a way of being physically close and intimate without the pressure and anxiety of performance
  - Exercise that use touch and massage to stimulate closeness
  - Focus on areas of the body that do not stimulate distress
  - Genital touching is discouraged during first weeks of exercise

# Mindful Sex

- What is the story you are telling yourself?
- Being mindful and in the moment has shown effective in people noticing sensual sensations they had previously been missing

# A Conspiracy of Silence

- difficulty establishing or re-establishing intimacy
- difficulty communicating
- silence may be interpreted as a lack of interest
- fear of rejection
- previous issues may complicate matters
- partner may be afraid of causing pain or being perceived as selfish





# Increasing Communication about Needs

- **Talking to your partner (fact, belief, feeling, need)**
  - *“Ever since my cancer diagnosis, you touch me less and we haven’t had sex (fact).*
  - *I think it may be because my scars are a problem for you (your belief).*
  - *When we do not have sex, or don’t touch, I feel very lonely, and I miss being close to you. Sometimes I also feel angry that cancer affects our sex life, too (your feelings).*
  - *I would feel much better if we had sex more often--and if it was your idea more often (your needs)."*

- heightened recognition of losses
- need to redefine sexuality and intimacy
  - need for intimacy often greater than the need for sexual activity
- identify role of partner and family, may need to be clear on “patient/caregiver time” and “partner time”
  - what can she do on her own?
  - what do you want/need assistance with? Do you want this to be done by your partner or someone else?
  - adapt time together to current limitations
- fear of pain, side effects, etc
- healthcare providers often dismiss the need to discuss sexuality
  - not provided with information



# Why Talk About Body Image?

- 31% - 67% of survivors struggle with body image changes
- Many women minimize body image difficulties due to shame, embarrassment, or guilt.
- Body image concerns are a normative experience.

- Self esteem refers to how you think about yourself. Self confidence, self respect, pride, independence and self reliance. All the ways you think about yourself and your abilities. A negative self esteem typically leads to lower self confidence, underachievement, insecurity, anxiety, depression, acting out behaviors, sleep problems and isolation.
- Body image is a part of your self esteem. What you think about and how you view your body – both positively and negatively. A negative body image typically has a negative effect on one's self esteem, dating relationships, sexual relationships and sexual function.

# Common Body Image Challenges

## Physical

- Femininity can be challenged
- Hair loss, regrowth
- Weight gain, weight loss
- Changes in skin
- Disfigurement
  - Visible
  - Hidden
- Others?

## Behavioral

- To disclose or not disclose?
- Avoiding social situations due to appearance/body changes\*
- Romantic relationship stress due to body image changes\*
- Considerable time and effort spent fixing/adjusting appearance\*
- Constant anxiety, depression or other negative feelings due to body image changes\*

\*All correlated with dysfunctional thoughts, maladaptive behaviors, and/or negative emotions

- Unrealistic expectations about treatment outcomes for appearance and functioning
- Preoccupied with concerns about upcoming appearance changes
- Difficulties with or avoidance of viewing oneself after treatment
- Highly dissatisfied with appearance outcome following treatment
- Preoccupied with perceived or actual physical flaws resulting from cancer and/or its treatment

# Building Self and Sexual Esteem

- Find three things every morning that you like about yourself (mirror exercise).
- Practice Positive Affirmations
  - “I accept my body, I will do everything I can to love and help it heal”
  - “My body supports my healing process”
- Support your new limitations and your new abilities, give permission for them to be fluid and changing
  - Communicate this to your support team



# Building Self and Sexual Esteem

- Take time to get to know your body
- Find out what does and doesn't feel good
- Spend time connecting to your sensual self
- Do activities that connect you with your body
- Learn to laugh at some of the changes. Humor is healing and attractive.
- Surround yourself with positive, supportive people
- Make a list of your past successful relationships – probably not based solely off of how you look.

# Reality Check!

- Is this message really true?
- Would a person say this to another person? If not, why am I saying it to myself?
- What do I get out of thinking this thought? If it makes me feel badly about myself, why not stop thinking it?
  - You could also ask someone else - someone who likes you and who you trust - if you should believe this thought about yourself. Often, just looking at a thought or situation in a new light helps

# Relationships

- Are hard enough BEFORE cancer!
- Communicate – Fact, Belief, Feeling, Action
- Take time, communicate needs and daily changes or new desires
- Make choices that enhance desire (clothing, smells, etc)
- If there were challenges prior, cancer doesn't make them magically go away
- Your partner/loved ones are allowed to have their own feelings about cancer and may need to grieve the changes as well
- Connect with a therapist to help overcome barriers
- Educate about the changing needs you may have and how your intimate relationships might be able to support you
- Remember – there are an infinite number of way to create pleasure together

# Maintaining Joy

- Maintaining joy and balance in one's life while living with the uncertainty is important
  - It's ok to grieve and redefine
  - Heard the cliché “we all live with uncertainty” or “nothing is guaranteed” ?
  - opportunity to seek change and seek things that you fill you up

# Coping

- “Successful coping is not about having a positive outlook or striving for a cheery disposition. Rather, studies show that coping in a way that is familiar to you (which could involve anything from stress relief to exercise) can help. In essence, people with cancer should be encouraged to develop realistic expectations about their illness so they can make good decisions about their care and not be pressured to be blindly positive”.
- **A person with true hope will experience a wide range of negative and positive emotions; yet through all of the difficulties, will try to move forward in life.**

Skin is the largest sex organ.

Brain is the most important.

