



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

Social support and sexuality



People need people. Although that statement seems obvious it is only in the last few years that we have come to learn just how important others are for our well being. For example, we know that people who have a close confidant(e), friend, or spouse live longer and are healthier than those who do not! People give social support to each other in ways that are both practical and emotional.

Social support includes giving and receiving encouragement, practical help, positive feedback and rewards, understanding and caring, and role modelling.

Another aspect of social support is knowing where to go to obtain the right type of social support. People's social support network usually extends to friends, family, health care workers and co-workers. It is not the number of people you know but the quality of care and support those people provide that matters.

Benefits Of Social Support

- Sociological studies show that as part of our involvement with others, we are more likely to engage in positive health behaviours such as exercise, medical check-ups, and health screening tests.
- In a study of older people, researchers found that having a confidant(e) significantly helped people avoid psychiatric symptoms.
- Two studies of women showed that having an intimate and confiding relationship significantly reduced the incidence of depression.
- In a study of 7000 adults, a strong correlation was shown between social involvement and length of life; it was shown to be more important to health than smoking, drinking, exercise, or diet.

From A Medical Perspective, Social Support Helps to:

- Maximize our resistance to disease.
- Give us the best fighting chance if we are ill.

From A Social Perspective, Other Benefits Emerge:

- Friends help us feel good about ourselves; they reassure us that we belong and that it's OK to be who we are.
- Friends provide emotional support — someone to talk to about our thoughts and feelings.
- Friends help us in tangible ways — help us solve problems, give us advice.
- Assist others in attaining the same benefits.

Sources of Social Support

Another important aspect of social support is knowing where to go to obtain the right type of social support. This exercise is to help you identify what type of support would be helpful and to know what resources are available.

List the people you would turn to for *emotional* support:

_____, _____, _____,
_____, _____, _____.

List the people you would turn to for *practical* help:

_____, _____, _____,
_____, _____, _____.

You may notice that your social network is not only comprised of your family and relatives. People's social support network usually extends to friends, health professionals, or whoever provides you with the particular type of support that you need.

This brings us to the idea of quantity versus quality of social support. As in many instances, it is not the number of people you know but the *quality* of care and support that people provide and that we come to rely on the most.

Risks Associated With Asking For Social Support

A common fear we all share is the risk associated with asking for support. “What is the risk involved if I ask person X to help me, or if I refuse to help?” Some of the risks involved in asking for support include the following:

- threat to self-esteem
- embarrassment
- fear of being seen as dependent on others
- possibility of rejection by others
- guilt
- possible loss of confidentiality
- lack of comfort in accepting support from others

Despite the risks associated with asking for or declining support, it is important to weigh the benefits that come from receiving the help of others. In order to weigh the pros and cons of asking for social support, you may use problem-solving to help you in your decision. The important thing to remember is that YOU alone have the control to ask for or refuse support.

Offering Social Support to Others

Another important tool for obtaining social support is by offering support to others. By making yourself available to others, you not only meet their needs but at the same time have the company and support of another person. Social support is reciprocal; i.e., both people involved in the interchange benefit from being with each other.

Receiving support from others

Accepting help and support can be a gift that you give. Friends and family are usually doing the best that they can.

S U M M A R Y

Skill # 6 *Social Support*

1. People need _____.
2. Social support means help that is _____ and emotional.
3. It is not the _____ of people you know but the quality of support that matters.
4. Social support is reciprocal — that is, both people in the relationship _____.

My notes:

Healthy Sexuality

What do we mean by “Healthy Sexuality”?

- feelings of femininity
- feelings of sexual self-esteem, including feelings about your body
- sexual response, including arousal and orgasm
- sexual desire, including feeling like you might want to be sexual
- sexual behaviour, including hugging, kissing, touching. Intercourse is one aspect, but not the only aspect, of sexual health
- is experienced either with a partner or alone. You need not be in a relationship in order to have sexual health

What are some common concerns that women have reported during and after treatment for breast cancer?

1. **Dryness in genital area.** Chemotherapy can lead to damage to the ovaries, which are the primary source of hormones for women. As the ovaries lose their function, estrogen levels decline resulting in genital dryness and often pain. As well, the hormone medications that are used to treat hormone-dependent tumours may have a negative side-effect on genital dryness and pain.
2. **Reduced sexual desire.** Libido, sexual interest, and drive are all common terms that refer to a woman’s sexual desire. Although hormonal changes can reduce sexual desire, there are also psychosocial ways in which cancer affects sexual desire. For example, changes in how “feminine” a woman feels following breast surgery or removal are common, and can dampen her sexual drive. Not wanting a partner to see or touch your body can also reduce desire. A loss of fertility and early menopause are also common concerns that women report following breast cancer and both can reduce a woman’s willingness to be sexual.
3. **Reduced physical sexual arousal.** Changes in hormones resulting from chemotherapy or hormone medications can also have a negative effect on genital arousal. Some women report that their genitals are not as responsive as prior to breast cancer, and some women report difficulty experiencing orgasm, or having a muted orgasm response.

True or False?

Mastectomy destroys women's sex lives. FALSE! Two large research studies have examined this and found it to be false. In fact, the largest reason why women had sexual problems following mastectomy is that they had sexual problems before breast cancer.

Women who have had lumpectomy or breast reconstruction are much better off sexually than women who have had mastectomy. FALSE! There have been several research studies to examine this association and most find no difference in sexual satisfaction or quality of life among women who have had partial or full breast removal.

A woman has not adjusted to cancer unless she learns to love her scars. FALSE! There does not appear to be any association between how a woman adjusts sexually and her love of her scars. What is more important than learning to love your scars is learning to love yourself! Confidence and self-esteem have been linked to positive sexual health.

Once chemotherapy is finished, any negative effects on sexuality are completely reversed. FALSE! It is true that the short-term effects of chemotherapy on nausea, fatigue, hair loss, and weight gain, largely cease when chemotherapy ends, however, there may be lasting effects of chemotherapy on sexual arousal and desire, especially if there has been damage to the ovaries.

Women should never take estrogen following breast cancer. FALSE! It is important to discuss with your physician the possible hazards and benefits from taking estrogens following breast cancer. There are many forms of estrogen administration, including some forms which can be delivered directly to the genital tissue without effects on the breasts. These "local estrogens" have been found to significantly improve aspects of sexual response for women.

Steps in fostering a healthy sexual life following breast cancer

1. Talk to other women who have had a similar experience to you. Sexual changes following cancer are extremely common and knowing that another woman has had a similar experience to you can feel very reassuring.
2. Understand that sexual health usually takes place within a context. This context may include a relationship with a partner, your mood, your health, your family, etc. Changes in your context can affect your sexual energy and response.
3. There are changes in sexual health in all women, regardless of breast cancer, which take place as women age. There appears to be an increased risk for genital dryness and loss of sexual desire with age. In addition, the "passion" that is present for women in the early stages of a relationship naturally declines as time goes by. Realize that declines in sexual desire are normal and instead take active steps to re-inject sexual desire into your relationship.

A new way of looking at sexual desire

Researchers now understand that sexual desire in women is complex, and that a lack of desire for sex is not necessarily unhealthy (for more information, see the work of Dr. Rosemary Basson). The checklist of items below highlights many of the essential components to experiencing healthy sexuality. If any one of these ingredients are missing or dampened, this can take a toll on your sexual feelings and response. As you read each item, stop and ask yourself how this is experienced in your own sexuality? Are there places where changes can be made?

- Do you have “reasons” or “incentives” to be sexual?*

For example, wanting to be close with your partner, wanting to feel “normal”, to please yourself or your partner? Without a reason to be sexual, there will be little to motivate you forward.

- Are the kinds of touches, words, and other sexual exchanges between yourself and your partner arousing to you?*

For example, are you someone who feels aroused after a back massage, after a long hike, or after a delicious dinner? It is important to consider the things that are effective for you. These may be different than the kinds of stimuli that worked for you when you were younger, and possibly different than the things you enjoyed prior to breast cancer. Consider varying the sexual stimuli you and your partner use. This may be an opportunity to experiment with trying different ways of boosting your arousal.

- Are the influences around you, both between you and your partner, and those within yourself, positive?*

For example, do you “like” your partner or are you angry and resentful at him/her? Are you turned on or off by your partner’s appearance? Also, is there strain on your relationship that affects how you feel about your partner? Do you have privacy? Are there psychological setbacks within yourself, such as a dislike of yourself, your body, or mood or anxiety concerns? The influences around and within you are subtle, but can exert a powerful effect on your sexuality. Look at the different influences on your sexuality and consider making changes to factors that interfere with a healthy sexual context.

- Are distractions getting in the way of keeping you focused on the sexual stimulations you are giving and receiving?*

For example, are you preoccupied with fears of poor performance? Are you focusing on a scar? Are you worried your partner will not find you attractive? Distractions create anxiety that can block a sexual response.

- Are there medical factors that are standing in the way of your body responding?*

For example, are you using medications, such as antidepressants, that can block the sexual signal? Are you fatigued, nauseated, or out of breath?

- If you reach the stage of experiencing some pleasurable arousal (in other words, your body starts to respond), are you able to stay focused sufficiently so that a feeling of “desire” or “wanting more” emerges?*

As you can see, there are many components to experiencing healthy sexuality. It is also essential to recognize that medical and psychological/social factors interact with one another to affect your sexuality. Thus, if you are feeling fatigued (medical factor), this will reduce your willingness (psychological factor) to include different types of sexual stimuli into your behaviour. A road-block at any of these points can prevent a sexual response. It is important to ask yourself each of these check-list points, identify areas that are missing, and then make a decision on where and how to make improvements.