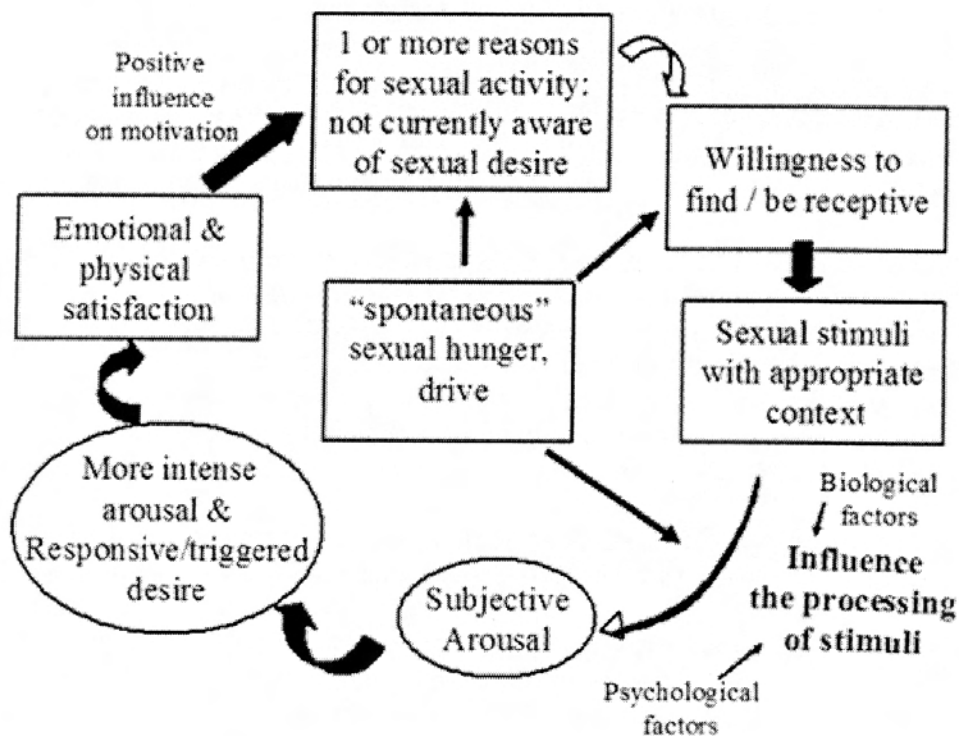


## Sexual Pleasure and Chronic Pain

### The Sexual Response Cycle

The sexual response cycle is the process of sexual desire that leads to arousal, builds to orgasm, and ends with resolution. A person will have sexual thoughts. These thoughts may, or may not, be acted upon. When these feelings are followed up on, it should increase the person's perception of arousal. If enough stimulation and excitement occurs (physiological, emotional, and/or psychological) this will lead to a climax (orgasm). Stereotypically, men build their level of excitement faster than women. It takes them on average two to seven minutes to reach orgasm. Women, on the other hand, can take more than 30 minutes to climax. Desire, arousal, and orgasm can be person and/or situation dependent.

Pain can disrupt the sexual response cycle in any place, often in more than one spot, i.e., pain may affect desire, arousal, and/or the ability to orgasm.



### Common Sexual Concerns

- Physical Limitations
- Worry or concern a sexual encounter may be too painful and/or worsen the condition
- Worry about your own performance/failure
- Difficulty communicating worries and sexual feelings (both for individual living with pain and partner's ability to openly express feelings and feel heard)
- Overall changes in desire, interest, and function
- Emotional Changes – living with symptoms of depression and/or anxiety can impact feelings of self-worth, attractiveness, energy level, desire, and outlook
- Medication effects – consult with family doctor or specialist about the impact of pain meds on desire, performance etc... consider alternatives

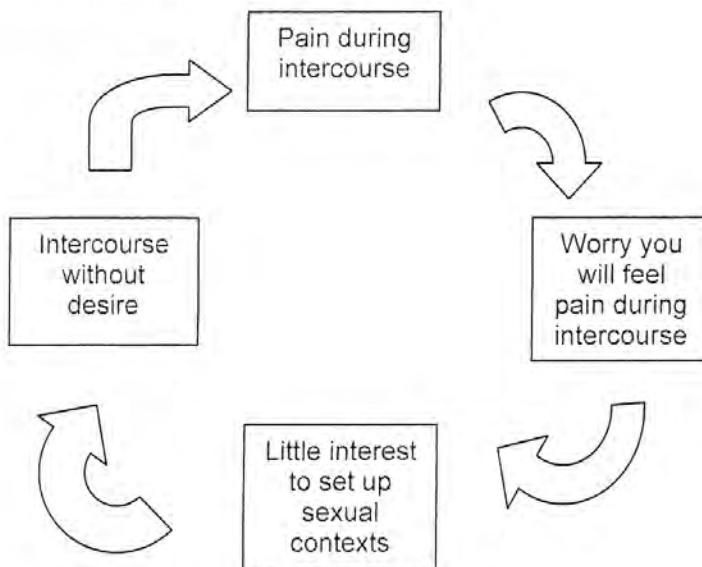
- Relationship/Role Changes - changes in partnership roles due to pain experience can transcend into sexual relationship and/or sexual feelings toward partner

### Communication and Planning

It is especially important to talk openly to your partner(s) about your pain and your sexual feelings. Although many people are resistant to the idea of planning, it is a good idea to plan around the pain. Start to notice if there are times during the day that you are feeling more energetic, and less sore. If these times can be predicted, it would be smart to schedule some kind of sexual play during that time. If these windows are less predictable, you might wish to capitalize on these opportunities when you do notice you're not as fatigued and uncomfortable. If, once you have started to engage in a sexual encounter, and it becomes painful, do not hesitate to communicate this to your partner. S/he will not be able to read your mind. I never suggest participating in a painful sexual liaison. This only sets up a negative feedback loop whereby you will likely become more avoidant of sexual intimacy.

### Negative Feedback Loop

Pain during intercourse leads to avoidance and that avoidance increases the fear of pain. Because no pain is caused when avoiding intercourse or other sexual activities you are reinforced to avoid sex with your partner. Unfortunately, this usually generalizes to include all forms of intimacy, whether or not it is painful, for fear it will lead to painful sex.



### Redefining Sex And Intimacy

Sex may include intercourse, but intercourse does not equal sex. It is possible to have a satisfying sexual relationship that does not include intercourse or even. The key is talking to your partner(s) about your wishes, needs, and wants, and being able to listen to theirs. You must also be able to compromise.

I talk about outercourse as anything that happens outside of the body (typically referred to as foreplay), intercourse as penetration (either vaginal or anal), and foreplay as the stuff that happens after sex until

the next time. Foreplay is the relationship maintenance that makes us want to have sex with a partner in the first place.

### Other Diagnoses and Medication Side Effects

Many drugs have negative sexual side effects including non prescription medication like antihistamines. Especially drugs used to treat depression and anxiety which can go hand in hand with a chronic pain diagnosis including; opiates, SSRIs, sedatives, anxiolytics, and recreational drugs. Be an advocate for yourself with your doctor. Antidepressants, cause sexual side-effects in 30 to 70 per cent of people who take them including erectile dysfunction and delayed orgasm in men, and vaginal dryness, lowered sensitivity and difficulty reaching orgasm for women. A decrease in interest is not uncommon for all genders.

### Body Image and Self Esteem

Even when there is no pain diagnosis, people worry about; being a good enough sexual partner, the way our bodies look, the uncooperativeness of our body, and various other sexual insecurities. Being compassionate with ourselves, practicing non violence between the ears, and sharing our concerns with our partners can be invaluable tools.

### Strategies For Improving Your Sex Life

- Plan and experiment – when do you have the least amount of pain and the most amount of energy, if you don't know, start to notice (maybe even keep a diary). It is important to point out at this time, that sex was never spontaneous. Spontaneous sex is a myth many people buy into. For example, when you first started dating, you showered, fixed yourself up so you looked nice, shaved (legs, face, whatever), etc. Why did you do this? Just in case you ended up back at your or your date's apartment where sex would “magically” happen.
- Positioning – use pillows (Liberator), lie on your side, back, front – what ever is most comfortable for you.
- Talk to your partner about expectations and try to compromise to meet both your needs.
- Ramp up your desire – simmer, use sexual fantasy, watch, read, or look at things that you find titillating.
- Use synthetic water based lubrication, e.g., **Pjur Eros**, Very Private, Liquid Silk, Sliquid, etc.
- Vibrators – can be used for either men or women. Often times, as we age, or if we have experienced physiological changes, we need extra stimulation. A vibrator can do the trick.
- Asynchronous versus Synchronous sex
- Transition from caregiver or patient to lover via ritual (tea, eye gazing, bathing together, etc.)
- Sensate Focus – directions included below
- Sexual Stop Light – directions included below
- Take pain medication 30 minutes before sexual activity or at a time that works best for you
- Maintain physical conditioning to the best of your ability – yoga is excellent
- Maximize use of non sexual intimate touching and other gears of touch (affectionate, sensual, playful, erotic, intercourse)
- Solo sex to help with sleep, energy, decrease anxiety, and experiences of pleasure
- Physiotherapy (including pelvic floor physiotherapy)
- Rubber sheets or towels
- Opening up the relationship for certain sexual needs to be met
- Orgasms for pain relief (endorphin release)

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- Add afterplay/aftercare/afterconnection to sexual experiences
- Communication!!! If it hurts, readjust or stop

## **Resources**

### **Books**

Goldstein, Pukall, and Goldstein. (2011). When Sex Hurts. A Woman's Guide to Banishing Sexual Pain. DaCapo Life Long; ISBN: 978-0-7382-1398-9

Kaufman, Silverberg, & Odette. (2003). The Ultimate Guide to Sex and Disability: For all of us who live with disabilities, chronic pain, and illness. Cleis Press; ISBN: 1-57344-176-7.

Joannides, Paul (2011). Guide To Getting It On! 6<sup>th</sup> Edition. Goofy Foot Press; ISBN: 1-885535-33-3

McCarthy, Barry. (2003). Rekindling Desire. A Step-by-Step Program to Help Low-Sex and No-Sex Marriages.

Nagoski, Emily. (2015). Come As You Are. Simon & Schuster Paperbacks: ISBN: 978-1-4767-6209-8

Real, Terry. (2007). The New Rules of Marriage. Ballantine Books; ISBN: 978-0-345-48086-6

### **Stores**

Come as You Are – 701 Queen Street West, (416) 504-7934, [www.comeasyouare.com](http://www.comeasyouare.com)

Good For Her – 175 Harbord Street, (416) 588-0900, [www.goodforher.com](http://www.goodforher.com)

### **Websites**

[www.disabilitysex.com](http://www.disabilitysex.com)

[www.sexualhealth.com](http://www.sexualhealth.com)

[www.siecan.org](http://www.siecan.org)

[www.womenshealthcouncil.ca](http://www.womenshealthcouncil.ca)

[www.sexualityandu.ca](http://www.sexualityandu.ca)

[www.bestco.info/](http://www.bestco.info/)

<http://clubmom.ca/author/raedolman/>

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## **Sensate Focus**

These exercises are based on pleasurable experiences of touch developed by Masters and Johnson. During these exercises you will be focusing your attention on the sensations you experience during sensual activity. The exercises are simple but they can stir up strong emotional responses from one or both partners. One goal of the sensate focus is to decrease or eliminate the anxiety that results from having to perform sexually. Another goal would be to learn how to touch your partner in pleasurable, erotic ways and also to learn how to receive pleasing touches from your partner. If you find these exercises cause anxiety, it can be helpful to combine the sensate focus with breathing and relaxation techniques.

I generally recommend that you set aside two, one hour, time slots each week to practice these exercises. If there is chronic pain, you may wish to shorten the time and experiment to find the most comfortable positions.

### **Sensate Focus 1**

Both partners will take turns as giver and receiver. The receiver's task is to stay in the moment and experience the flow of sensations without judgment or expectations. The receiver is not obliged to respond except to let the giver know if something feels uncomfortable or painful. The giver's task is to pay attention to their own experience without trying to guess what their partner is feeling. There is no goal, no performance demand, no rush, no requests for reassurance, and no requirements to do or not do any particular touch.

Each person is responsible for planning one session a week (i.e., picking the time, place, and mood. Perhaps taking the phone off the hook, arranging to bathe or shower, picking music or candles, etc.).

**Sensate focus 1 does not include sexual touching or intercourse.**

### **Giver**

Caress your partner gently, starting either at the head or at the feet and touch the entire body. This touching is meant to be sensuous, not sexual. Take your time as you touch and caress your partner. Try a variety of touches using your palms, nails, fingertips, hair, or lips. Avoid the genitals and other specific body regions that are potentially sexually arousing (breasts, buttocks, inner thighs). Focus on your own feelings rather than on whether your partner is enjoying the touching. The receiver will give you feedback if necessary. If you find yourself distracted or bored, think about what feelings you would have if you removed the boredom. Pay attention to your partner. Notice their muscle tension, strength, skin texture, hair, etc.

### **Receiver**

Allow yourself to be in the moment. Try concentrating on your breath or the exact spot you are being touched. Do not worry that the giver is tired or bored. Stay with your own physical sensations. Tell your partner to change if what is happening is unpleasant or hurts. Using soft tones and gentle language will help your partner know that it is the touch you are uncomfortable with, not them. For example, the giver touches you in a way you do not like. An aversive response would be "Stop that!" or "That hurts" or "Come on". A gentler response would be, "I like it best when you are very gentle on that spot", or "my shoulder is sensitive there, try rubbing softly", or "I'm ticklish there. Please use a firmer pressure".

### **Afterwards**

It is important to discuss the experience for 10-15 minutes to provide each other with feedback. Ideally, the talking will increase intimacy, improve communication, and build confidence. If either person had

difficulty with the task, I would encourage you to talk about it now, or if too difficult, during your next session. Resistance can be thought of as opportunities and challenges to learn more about yourself and your partner and to work towards a resolution.

While communicating, it is important to use the first person. For example, instead of saying, "Stop making me feel nervous." Try saying, "I feel nervous about doing this."

Some people have a positive experience with these exercises and feel closer to their partner. You may even feel stirrings of sexual excitement. If you do feel excitement, it is best not to act on it yet. Try to enjoy the feelings and trust they will return. Other people are surprised they have a negative response. If either you or your partner feels anxious, you may find that you begin to avoid the exercise. Stay focused on the feelings and images that arise and ask yourself how they might be contributing to sexual experiences. If you have a strong negative reaction you may need to stop. **Never continue if you are afraid or in pain.** Try to discuss the experience with your partner later.

### **Alternative**

This time do the exercise using more verbal feedback so you can practice sharing your likes and dislikes. As the receiver, tell your partner, "That feels good. Stay there for a bit", or "Please use a lighter or heavier touch", or "Would you mind sticking your finger between my toes, pulling on my earlobes, or whatever you think you might like that your partner has not yet tried."

### **Sexual Stop Light**

This is a good activity to do to begin a conversation. Do the activity on your own and then share with your partner fully clothed, outside of the bedroom.

Fold a piece of paper in three. At the top of each column write: green, amber, red. Under the green column write in all the sexual activities you would like to do just about every time you make love (kiss, cuddle, eat cake, etc), then list things you would like to do some of the time but not every time you make love (massage, intercourse, prostate play, etc.). Finally, in the red column, record the pursuits you are not interested in including in your sex life at this time (nipple play, oral, spanking, etc.)

The list may change, so you may want to revisit once a year.