

Introduction: Why Is Sexuality Important in the Context of Cancer?

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Sexuality is described as “the ways in which people experience and express themselves as sexual beings. Our awareness of ourselves as females or males is part of our sexuality, as is the capacity we have for erotic experiences and responses” (Rathus, Nevid, & Fichner-Rathus, 2018, p. 4). Sexuality remains an essential part of individuals regardless of whether they participate in sexual activities or fantasy or if they lose genital sensation or function because of injury or illness. It is seen as “a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction” (Wagner et al., 2005, p. 167). People’s views of themselves and others as sexual beings are influenced by cultural, ethnic, and religious beliefs and practices, as well as by knowledge of their own bodies and how they function.

The definition of sexuality also encompasses people’s relationships with others and how they are perceived by others as sexual beings (van der Riet, 1998). Sexuality is sometimes spoken of as intimacy, and the word *intimacy* may be used as a euphemism. Intimacy often is equated with privacy and closeness, but in the context of human interactions, intimacy involves self-disclosure, partner disclosure, and partner responsiveness (Laurenceau, Barrett, & Pietromonaco, 1998)—in essence, the connectedness between two people. This con-

trasts with sexual functioning, which is seen as what they do as sexual beings. Masters and Johnson described this as consisting of four phases: excitement, plateau, orgasm, and resolution (Barton, Wilwering, Carpenter, & Loprinzi, 2004). Sexual dysfunction is said to exist when sexual activity or functioning does not follow some predetermined path and is seen as wrong, abnormal, or requiring intervention.

Sexual health is a term used by many and is defined by the World Health Organization (n.d.) as

a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Cancer and Sexuality

In the context of cancer, sexuality is an important aspect of quality of life, and cancer affects quality of life in multiple dimensions, including psychological, functional, social, and physical (Hughes, 2000). The importance of sexuality in the lives of people with cancer is recognized by the Oncology Nursing Society, and sexuality is included in the standards of care for oncology nurses (Brant & Wickham, 2013). The cancer itself may affect both sexuality and sexual functioning, and the many different treatment modalities have an impact on individuals with physical, psychological, and social consequences (Sadovsky et al., 2010). For many people newly diagnosed with cancer, the diagnosis may feel like a death sentence, and the meaning that they ascribe to sexuality may be in stark contrast to this. For some, sexuality is something that is equated with health, life, and reproduction (Nishimoto, 1995). To even think about sex when the threat of death looms seems antithetical; therefore, many give up on this aspect of their lives. Although the fight for survival is acute, sex itself, and even thinking of oneself as a sexual being, is relegated to the back burner. Sexual problems can result from psychological responses to the diagnosis and treatment. Cancer and its treatments can affect physical, endocrine, neurogenic, and vascular functioning. Iatrogenic consequences from

any of the drugs used to treat the cancer or its side effects also may have an impact on sexual functioning.

Stages of Illness

Any illness, including cancer, has different stages associated with it (Rolland, 2005), and these stages affect sexuality and sexual functioning. Concerns about sexuality can occur at any stage of the cancer trajectory, from diagnosis to advanced and terminal cancer. However, it is often not considered to be a “medical” concern and so is not addressed (Mercadante, Vitrano, & Catania, 2010). In the crisis phase, individuals with cancer must reorganize their lives and adapt to the crisis. Patients must learn to live with symptoms, adapt to treatments, and develop flexibility to the social demands of illness. In the chronic or survivorship phase of the illness, individuals must renegotiate relationships within the family, learn to live with uncertainty, and balance connectedness and separateness within social and familial relationships. The end-of-life phase requires individuals with cancer and their families to live with anticipatory grief.

It may take many months or years to recover from treatment and the physical and psychological changes that have occurred. Some survivors return to their previous level of sexual functioning; some do not. Coping with the sexual changes requires an adjustment about what constitutes sex and satisfaction. Changes made within the context of the couple’s relationship, termed *flexible coping*, are key to ongoing sexual engagement and satisfaction (Reese, 2011). Alterations in sexual functioning include decreases in sexual frequency, satisfaction, and participation in penetrative and nonpenetrative activities for women and men and in all cancer types (Ussher, Perz, Gilbert, & Australian Cancer and Sexuality Study Team, 2015). Although physical factors such as erectile difficulties and vulvovaginal dryness are cited as significant reasons for these decreases, relationship factors are also important. These include relationship strain and abandonment, as well as the challenges of establishing new relationships after cancer. Psychological factors play a role too, including loss of masculine or feminine identity, sadness, frustration, feelings of inadequacy, and disappointment at the loss of sexual connection with a partner.

Many survivors do not know that help is available because they have never been asked if they have experienced any changes. Whether this results in distress is extremely variable, and many survivors never seek help for dealing with sexual changes. In a 2010 survey of post-treatment cancer survivors, 43% self-reported sexual problems, and just 13% received treatment for this (Rechis et al., 2011). Sexuality and sexual

functioning are important to cancer survivors. Given the significant number of cancer survivors living among us, this is a substantial problem.

Nurses occupy a privileged position in the oncology setting because of their closeness to patients and the longitudinal relationship over the course of treatment and into survivorship. Nurses are patient educators and advocates and often are able to translate complex information into something that patients can understand and act on.

Conclusion

The intent of this text is to change the status quo of healthcare providers' knowledge related to sexual changes and cancer. Through discussion of a range of cancers and how they affect the sexual lives and feelings of patients and their sexual partners, readers of this book will learn how to initiate a discussion with patients and their partners. Readers also will learn about evidence-based interventions to help patients to minimize or recover from sexual difficulties. In particular, this book will help nurses and other healthcare professionals to break the silence on a topic that is real and important to patients but has been shrouded in silence far too long.

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