

Section I

Human Sexuality in the Context of Cancer

Chapter 1. Introduction: Why Is Sexuality Important in
the Context of Cancer?

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CHAPTER 1

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

Sexuality has been defined in many different ways. It is described as “the ways in which we experience and express ourselves as sexual beings. Our awareness of ourselves as females and males is part of our sexuality as is the capacity we have for erotic experiences and responses. Our sexuality is an essential part of ourselves, whether or not we ever engage in sexual intercourse or sexual fantasy, or even if we lose sensation in our genitals because of injury” (Rathus, Nevid, & Fichner-Rathus, 2000, p. 5). 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.

The definition of sexuality also encompasses peoples’ relationships with others and how they are perceived by others as sexual beings (van der Riet, 1998). Perhaps more creatively, Weiss (1992) described sexuality as a connection between the heart and the gut and a means of joining pleasurable physical sensations with the spirit and a sense of serenity.

Sexuality is sometimes spoken of as *intimacy*, and the word *intimacy* may be used as a euphemism (Hughes, 2000). 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).

This contrasts with individuals’ understanding of sexual functioning, which is seen as what they *do* as sexual beings, and is further deconstructed to consist of the four phases of the sexual response cycle (excitement, plateau, orgasm, resolution) as conceived by Masters and Johnson (Barton, Wilwerding, Carpenter,

& Loprinzi, 2004). Sexual functioning thus equates to sexual behavior and is accompanied by the occurrence of sexual dysfunction when behavior does not follow some predetermined path and is seen as wrong, abnormal, or requiring intervention.

Sexual functioning also may be equated to sexual health. The World Health Organization (2004) provided a working definition of sexual health:

A state of physical, emotional, mental and social well-being related 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 as one of the standards of cancer nursing (Brant & Wickham, 2004). 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 (Bruner & Berk, 2004). 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, so 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 occur as a result of psychological responses to the diagnosis and treatment. Cancer and the treatments offered can affect physical, endocrine, neurogenic, and vascular functioning. Iatrogenic consequences from any of the drugs used to treat the cancer or to treat 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. In the crisis phase, individuals with cancer must reorganize their lives and adapt to the crisis. Patients have to learn to live with symptoms, adapt to treatments, and develop flexibility to the social demands of illness. In the chronic phase of the illness, patients must renegotiate relationships within the family, learn to live with uncertainty, and balance connectedness and separateness within social and familial relationships. The terminal phase requires individuals with cancer and their families to live with anticipatory grief.

However, many people now survive cancer and go on to lead normal lives. But survivorship is not always easy. Many myths are associated with surviving cancer, including the expectation that individuals should recover after treatment is over and also should return quickly to their prediagnosis sense of self (Stanton et al., 2005). It may take many months or years to recover from treatment and the physical and psychological changes that have occurred. Some of these survivors return to their previous level of sexual functioning; some do not. Many may 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 patients/survivors never seek help for dealing with sexual changes. Almost half of cancer survivors report ongoing problems with sexual functioning (Baker, Denniston, Smith, & West, 2005). These issues are global and reflect changes in body image, sexual self-image, and reentering life as a cancer survivor (Holland & Reznik, 2005).

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 that can be used 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 that has been shrouded in silence far too long.

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