How to Own Your Sexuality in the Face of Cancer

by Jordan Rullo, PhD, ABPP

Cancer treatment may change the way you experience your sexuality. It may change the way you sexually respond. It may even alter the sexual dynamic you share with your partner. But one thing it does NOT do is take away your sexuality. Let’s explore a few of the ways your sexual function may change as a result of cancer and what you can do about it.

Sexual Desire

Sexual desire is your motivation, want, and interest in sexual activity. There are two types of sexual desire: spontaneous desire and willingness desire. Spontaneous desire is the type of desire you experience when you spontaneously have a want (or desire) to be sexual. If you think about spontaneous desire as being fueled by a gas tank, much of the “gas” that fills the tank is actually hormones. Any cancer treatment that suppresses hormones is going to empty that tank, leaving you with little, if any, spontaneous desire.

The second type of desire is willingness desire. When you experience this type of desire, you are sexually neutral, meaning that sex is not on your mind. However, the ingredients are in place that allow you to be willing to be sexual. For example, let’s say you have good energy, you’re not feeling stressed, you feel close to your partner, and then your partner initiates sex. You might think to yourself, “Well, sex wasn’t on my mind, but sure, I’d be willing.” Typically, once you are willing to be sexual and sexual activity gets started, you may think, “Oh, this is nice. Well, I do want this.” And then, perhaps when sexual activity has ended, you may think, “Why don’t we do this more often?” That’s willingness desire. It can be affected by cancer in that the ingredients that need to be in place to be willing (for example, a good energy level, feeling relaxed, low stress) may be different during and after cancer treatment from what they were before cancer.

It’s important to recognize that, during and after cancer treatment, your main sexual desire may be willingness desire. To make the most of your willingness sexual desire, take note of what ingredients need to be in place for you to be willing to be sexual. For example, do you need to have good energy in order to be willing, meaning that sexual activity can’t be late at night? Do you need to feel relaxed in order to be sexual, suggesting that sexual activity shortly before your next oncology appointment is not going to work for you? Do you need to feel close and connected to your partner in order to be willing? If so, perhaps an activity where you work together as a team would increase that connection. Think about all the

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Sexual Arousal

Sexual arousal is your response to sexual stimuli. There are two types of sexual arousal: body arousal and mind arousal. Body arousal is physiological arousal, such as vaginal lubrication, blood flow to the genitals, and erection.
The ability to experience physiological sexual arousal may be more difficult because of cancer treatment. For example, women who have entered treatment-induced menopause and men who are on androgen deprivation therapy may have great difficulty experiencing physiological sexual arousal, they may feel less genital sensation, and they may find that arousal takes longer and is less intense.

Mind arousal is your ability to be present, or in the moment, when sexual. Recall what you thought about when you were last sexual. If your recollection is, “I didn’t think about anything. I was just enjoying myself,” then you likely have good mind arousal. However, if your recollection is, “I thought about my to-do list,” then you likely are struggling with mind arousal.

The better your body and mind arousal are, the better your sexual function is overall. If your body arousal has declined, consider ways to increase sexual stimulation. For example, using a vibrator can bring increased stimulation to your body, which is especially helpful if you’re experiencing less sensation due to cancer treatment. Also, try exploring all areas of your body as possible erogenous zones, not just breasts and genitals.

If your mind arousal has declined, consider using mindfulness when you are sexual. Mindfulness is the ability to be present in the moment without judgment. When there’s a distraction, take note of that distraction and then refocus back to being in the moment. One way to refocus when being sexual is by paying attention to the sensations of temperature (warm/cold), pressure (firm/soft), and texture (rough/smooth). Focusing on these sensations can continually help refocus you back into the moment during sexual activity. Research has shown that mindfulness can increase sexual desire, sexual arousal, and orgasm.

Orgasm

Orgasm is the climax of sexual arousal. After cancer treatment, orgasm may take longer to experience and be less intense. Interventions that increase arousal (for example, using a vibrator or practicing mindfulness) can help maximize orgasm. Additionally, if you’re a man who can no longer have an erection or ejaculate due to your cancer treatment, know that this does not mean you can’t have an orgasm. Ejaculation, orgasm, and erection are three separate processes that can happen independent from one another.

If your sexual response has changed since cancer treatment, try exploring the sensations you feel throughout your entire body with different types of stimulation. You can also use imagery to stimulate the sensations of orgasm. In fact, your mind may be your most powerful tool when it comes to achieving orgasm. Research has shown that people can experience orgasm just by thinking about the sensations associated with reaching orgasm.

Take-Home Points

Cancer does NOT take away your sexuality. During and after cancer treatment, your sexual desire may shift from spontaneous desire to willingness desire. But there are things you can do to maximize willingness desire, starting with identifying what ingredients need to be in place for you to be willing to be sexual and then sharing these with your partner.

Additionally, sexual arousal and orgasm may take longer to experience and be less intense during and after cancer treatment. But you can heighten both arousal and orgasm through things like using a vibrator, exploring all areas of your body as possible erogenous zones, imagining the sensations of arousal and orgasm, and exercising mindfulness during sexual activity. You are in charge of your sexuality after cancer – now own it.

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Kymriah Approved to Treat Adults with Relapsed or Refractory Large B-Cell Lymphoma

The U.S. Food and Drug Administration has approved Novartis’ Kymriah (tisagenlecleucel), a CD19-directed genetically modified autologous T-cell immunotherapy, for adults with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma not otherwise specified, high-grade B-cell lymphoma, and diffuse large B-cell lymphoma arising from follicular lymphoma. Kymriah is not indicated for the treatment of people with primary central nervous system lymphoma.

FDA approves Tafinlar Plus Mekinist for Adjunt Treatment of Melanoma with Certain BRAF Mutations

The FDA has granted regular approval to Novartis’ Tafinlar (dabrafenib) and Mekinist (trametinib) in combination for the adjuvant treatment of people with melanoma with BRAF V600E or V600K mutations (as detected by an FDA-approved test) and involvement of lymph nodes following complete resection. Tafinlar in combination with Mekinist was granted Breakthrough Therapy designation and Orphan Drug designation for this indication.

Tafinlar Plus Mekinist Gains FDA Approval to Treat Anaplastic Thyroid Cancer with BRAF V600E Mutation

Novartis’ Tafinlar (dabrafenib) and Mekinist (trametinib) have been approved in combination for the treatment of people with locally advanced or metastatic anaplastic thyroid cancer with BRAF V600E mutation and with no satisfactory locoregional treatment options. FDA also granted Breakthrough Therapy designation and Orphan Drug designation for the combination of Tafinlar and Mekinist in the anaplastic thyroid cancer with BRAF V600E mutation indication.