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HUMAN SEXUALITY AND BREAST CANCER PATIENTS

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Abstract

Sexuality reflects a person's personality. Cancer, regardless of its location can affect sexuality. Cancer and its treatment have a bio-psycho-social impact on a patient.[3] Research has shown that poor physical health and emotional distress can affect sexual health.[4] Cancer survivors were reported to have sexual problem after cancer therapy,[5] following changes in body image.

Materials and Methods: Subjects taken for the study were who had come for consultation regarding their physical health including sexual health. 65 subjects with breast cancer patients were included in the study. Informed consent was taken from the cases and it was approved by an Institute Ethics review Board attached to the institute. Basson's sexual response cycle formed the basis for formulating worksheet given to the patients to record breaks in their sexual response cycle following a sexual encounter they had with their partners (husbands).[5] It takes into account the role of intimacy in understanding the women's sexual response cycle and it is non-linear in nature. This makes the model suitable for studying sexual response cycle in women in health and disease. Based on the model the work sheet was created to understand the sexual response cycle of women with breast cancer,

The Breaks in the sexual response cycle were found to be due to Biological inhibiting factors like body image, fatigue and drug therapy along with psychological factors like pain, anxiety and depression. The main motivators of sexual response were physical intimacy and care in these patients.

Keywords: Brest Cancer; Sexuality; Basson 'S Model; Human Sexual Response Cycle.

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1. Introduction

"I hate society's notion that there is something wrong with sex. Something wrong with a woman who loves sex."

— Alessandra Torre

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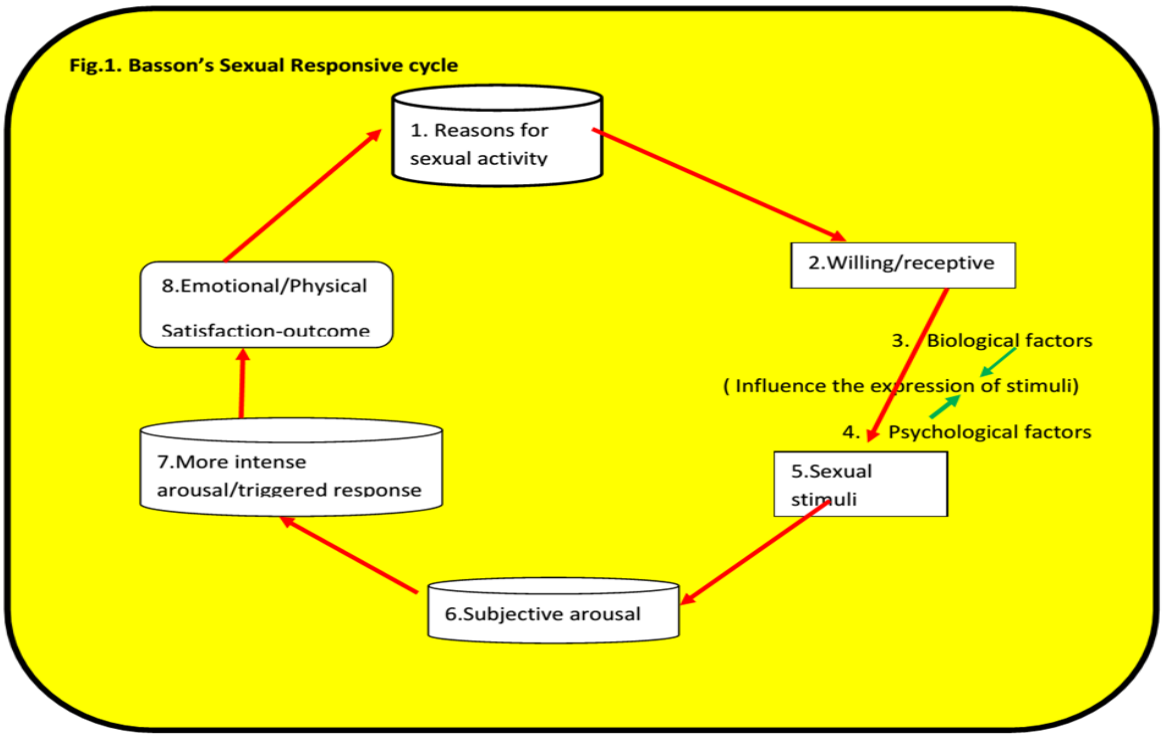
Human sexuality is a complex phenomenon that reflects our personality. According to WHO (2002), sexuality includes sexual orientation, biological instinct, and well-being of the individual.[1]

It can be influenced by biological, psychological, socio-cultural and religious factors. Even though sexuality is an important element in the health-illness continuum, little or no attention is paid sexuality during cancer care [2].

Because sexuality reflects a person's personality, cancer, regardless of its location can affect sexuality. Cancer and its treatment have a bio-psycho-social impact on a patient.[3] Research has shown that poor physical health and emotional distress can affect sexual health [4].Cancer survivors were reported to have sexual problem after cancer therapy.[5] Following changes in body image.

Basson's sexual response cycle 5 takes into account the role of intimacy in understanding the women's sexual response cycle and it is non-linear in nature. This makes the model suitable for studying sexual response cycle in women in health and disease. Based on the model the work sheet was created to understand the sexual response cycle of women with breast cancer. The model takes into account the role of intimacy as one of the major factors that make women appreciate and enjoy sex with the partner. Such intimacy is not felt by majority of the breast cancer patients and it was indeed one of the much neglected areas of women's health in breast cancer patients.[6] (Figure 1)



2. Methods

Women who participated in the present study were from larger groups of patients with various psycho-sexual problems who had come for sex counseling at Salem, TN, India. The sex counseling

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center was a part of The Salem Clinical Diagnostic Center specialized in hormonal Assays. Informed consent was taken from the respective patients. 65 Patients who underwent chemo and radiotherapy after mastectomy were included in the study.
A work sheet was prepared following Basson's Model of the sexual response cycle and given to the participants.[5]

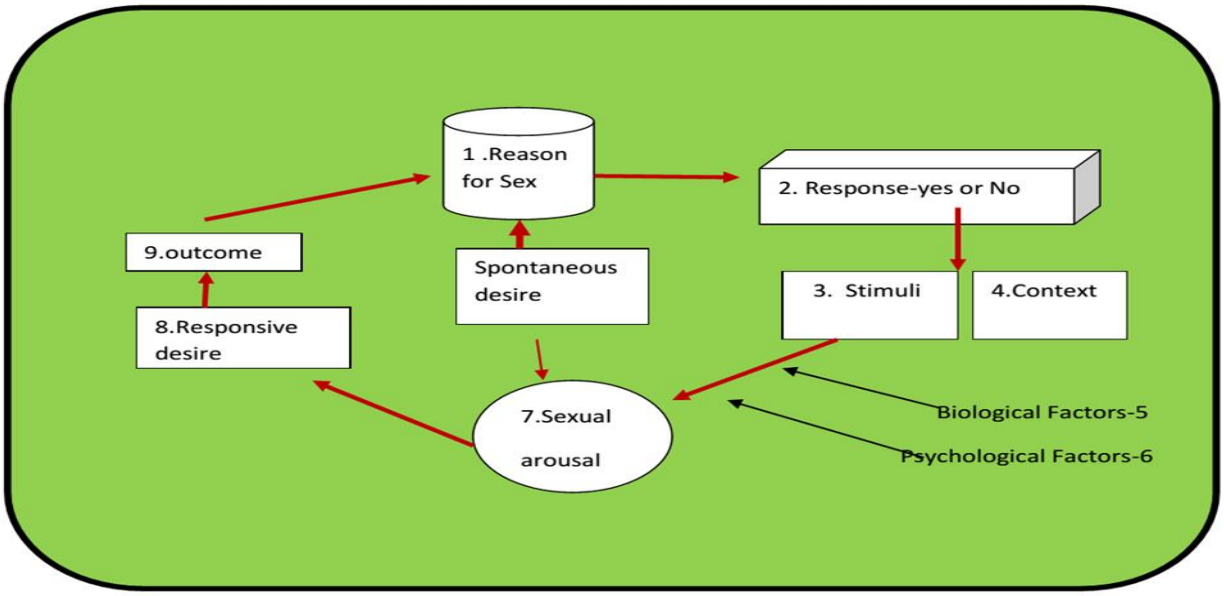

Figure 2: Sexual Response cycle of Cancer Patient's Worksheet-Based on Basson's Model

They were asked to recollect and reflect on a recent sex encounter they had and were instructed to address stepwise manner starting with the reasons for sex, initiating and continuing with the sex experience based on the reasons mentioned; followed by the stimuli and context helping the arousal phase helped or hindered by biological and psychological factors, which led to combined response reflected as sex arousal, leading increased sexual desire followed by the outcome of the experience resulting from the initial sex experience or encounter.

The women selected for the study were interviewed for eligibility to participate in the study, evaluated by certified counselors and psychiatrist. Written Informed consent was obtained from the patients. By email their sexual response cycle entered in the worksheets were studied for finding any break in the cycle.

3. Data Analyses

Breaks in the sexual response cycle was identified using conceptual content analyses. A negative or positive response was considered as a break in the cycle. 8-9 following the sexual encounter between the partners. Any other reasons to avoid to continue the cycle, or absence of arousal, if medications or tiredness hinder the response, mastectomy or the loss of hair or body weight were taken factors that hinder the continuation of sex response cycle and they were taken as breaks in the sexual response cycle. The age group of the participants were from 45 years to 60 years (M= 46; SD= 12.5). All the Participants were married (100 %).

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4. Breaks in the Cycle

Interruptions in participants' sexual response cycle was analyzed through concept content analysis. Out of the possible 11 breaks an average of 6.4 breaks in the cycle was observed (6.4; SD 1.85). and the findings are summarized in Table.1 What reasons for sex had negative emotions or lack of desire in having sex or participating in sexual activity, the fear following diagnosis of cancer and therapy are shown in Table.2. The initiation of engaging in sex then followed a NO or YES and there was more of NO than YES (Table.1.and 2)

Table 1: Sexual Response Cycle and Breaks in the cycle

	Breaks in the sexual response cycle		**n**	**%**
1.	Physical or emotional Reasons		20	30.5
2.	Willingness		20	30.5
3.	Context		3	04.6
4.	Biological Factors-	Helping factors	3	04.6
		Hindering Factors	55	84.5
5.	Psychological Factors-	Helping Factors	2	0.41
		Hindering Factors	60	92.5
6.	Sexual Arousal		3	04.6
7.	Responsive Desire		3	04.6
8.	Outcome		5	07.5

The stimuli like touch, cuddling or kiss and the context or the environment were not significant players in the sexual response cycle. Rather the loss of a breast and the sudden bodily changes in the patient and followed by the partner's hesitation to indulge in sex had negative impact and receptivity to such negative responses mitigated the desire to have sex.

Table.2: Responses unique for the breaks in each component of the cycle

Reasons for Sex	**Total feedback received**	**% of each component of the feedback**
Stimuli	20	30.5
Context	15	23.0
Biological Factors- helping Factors	15	23.0
Biological Factors- hindering factors	60	92.0
Psychological Factors- Helping Factors	3	04.6
Psychological Factors – Hindering Factors	62	95.0

Biological factors like loss of a body part, weight and hair loss, fatigue, coupled with psychological factors like fear, depression and anxiety hindered in moving forward with the sexual response cycle. With breaks in the cycle there was little sex arousal or response to the stimuli and the context in which the sexual encounter began. The only stand out factor was the "felt need of physical

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intimacy" by the patients to be cuddled and the protective embrace of the partner were the psychological factors that promoted sexual activity.

Table.3: Feed Backs received regarding Sexual Response cycle

	Feedback for each question	**%**
Why have sex?	Intimacy- emotional	70
	Partner's happiness	20
	Physical Pleasure	10
Stimuli	Physical Touch	15
	Lip touch	15
	Fragrance	10
Context	Quiet place	70
	In the dawn	10
	Slow	15
Biological- Factors	Menstruation	2.5
	Drugs/alcohol	45
	Not tired	3
	Uncomfortable/painful	58
	Tiredness	10
	Frigid response	60
Psychological Helping Factors	Physical attractive	3
	Emotionally comfortable	55
Psychological Hindering Factors	Distracted/	45
	Past experience	25
	Body image	75

5. Feedbacks

The commonness of feedback different phases of the cycle was calculated and expressed in the Table.3

- Reasons to have sex was mostly for intimacy.
- Stimuli and context: touching, cuddling, sometimes kissing. The initiation of sexual response cycle brought the patient close to the partner and to some extent to make her partner happy.
- Biological factors, loss of body image, body part, pain, fatigue were the major factors that hindered and broke the sexual response cycle.
- The loss of a breast, hair loss and sudden emaciation had a telling effect on the patients' Sexual desire and sexual activity.

To find out the measure of agreement between different phases of the sexual response cycle and to unify the list of feedback on different factors mentioned in the worksheet was made and calculated (Cronbach's alpha (α 0.89 (95% CI 0.80 to 0.93;$p < 0.05$)

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6. Discussion

Masters and Johnson described a "sex response cycle" that included four phases,

1.Excitement, 2. Plateau, 3. Orgasm and 4. Resolution. This model showed only the physiological changes during the response cycle. It also assumed that each phase occurs one after the other without any overlap. This linear model was improved by Kaplan Model which included desire as a component along with excitement and orgasm phases. This model also was linear in nature It also envisioned that orgasm to end in the cycle. Basson's Model was found to be relevant for the present study as it incorporated intimacy as one of the major components of the cycle.

In the following Figure it is shown that receptivity to sex stimuli are hindered by depression, drugs, fatigue apart from low self-esteem due to body image. This hindrance or inhibition did not enhance subjective sex arousal with a moderate aversion to sexual activity and therefore, preventing in indulging regular sexual activity.

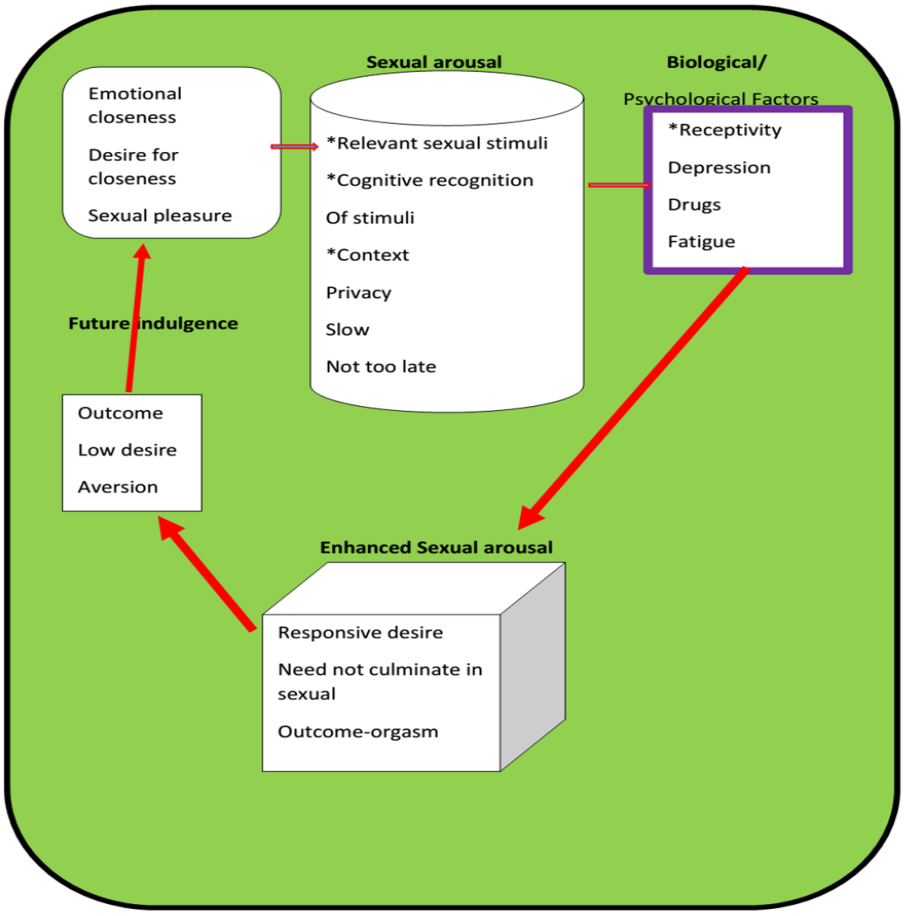

Figure 3: The probable sexual response cycle of breast cancer patient with a hindered response to receptivity for sex stimuli

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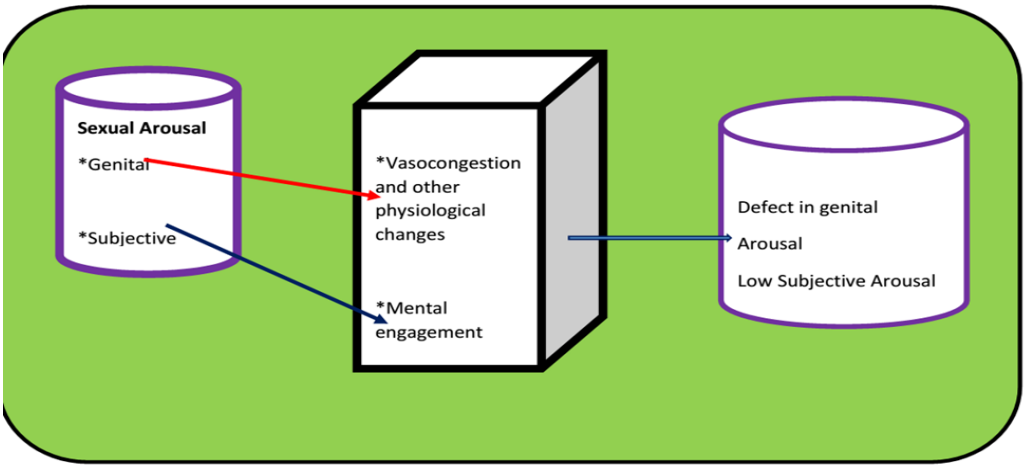
Fig.4. Change in Sexual Response Cycle



It is said that during sexual response cycle the genital arousal and subjective cognitive appraisal of sex stimuli need to be synchronous for an enhanced sexual activity and orgasmic response. Such an orgasmic response leads to the release of oxytocin, minimizing menstrual tension, relaxation of body and reducing toxins production which may be carcinogenic. It also includes an unique sexual behavior which if it culminates ejalculatory response will result in ecstasy, sometimes spiritual communion and relaxation. If there is a desynchrony between the genital and subjective emotional response to sex stimuli may lead to loss of interest in sexual activity. The loss of genital sensations along with subjective arousal will impact the whole health of a cancer patient. Therefore, it will be worthwhile to understand the sexual responsive cycle of a breast cancer patient to suggest or intervene therapeutically to salvage the cycle. The intimacy component therefore will help propagate the sexual response.

It is suggested enhanced sexual arousal followed by orgasmic response will release oxytocin and endorphins to have sedative effect. Such a sedative effect may help a cancer patient overcome anxiety in the form of frigid behavior. Figure 4.

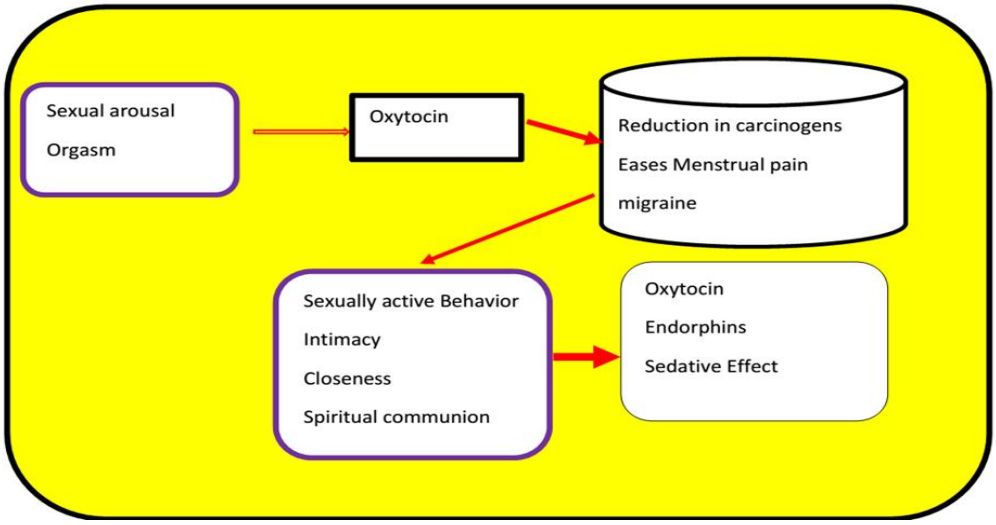


Figure 4: Sedative effect of orgasmic response of sexual response cycle.

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Therefore, one must understand that human sexuality is more than a biological phenomena. It is a living experience which makes one understand how one view her personality and her body. Majority of the time health professionals spend time in treating the patient rather that the patient's sexuality. Many health professionals feel uncomfortable to discuss sexuality with the patient due to cultural issues as well as lack of information regarding human sexuality in a cancer patient.

Human sexuality is one of the major components of the well being of an individual and therefore studies related to sexuality (WHO,2000) in cancer patients need to be undertaken to promote the health of the cancer patients.

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