



## Sexuality – Breaking the Silence

By: [Anne Katz PhD, RN, FAAN](#)

Sexuality is much more than having sex even though many people think only about sexual intercourse when they hear the word. Sexuality is sometimes thought of as intimacy; the real meaning of 'intimacy' is *emotional connection* and sexuality is just one way that we connect with another person.

Our sexuality encompasses many parts of who we are:

- Our **gender identity**: how we experience and identify our gender such as male, female, gender fluid, and non-binary;
- Our **gender expression**: how we express or present our gender – for example, the way we dress and/or behave, or the names and pronouns we use;
- Our **sexual orientation** – who we are or aren't attracted to such as gay, lesbian, straight, trans, bisexual, and asexual people.

Our sexuality also includes what turns us on (eroticism), our thoughts and fantasies, and what we do when we are sexually active, either alone or with a partner. Our sexuality is connected to our image of ourselves, and it can change as we age and face threats from illness, disability and, eventually, the end of life.

## Am I still a sexual being?

Illness, treatments, or both can affect our sexuality in different ways. We may experience fatigue, pain, nausea, bowel or bladder problems, pain, and skin problems, as well as changes in appearance. Part of our identity may shift from being a healthy person to one who is ill, and other people may also begin to treat us differently.

Some diseases require medications, surgeries, or both, which can reduce a person's sexual desire. Some can change hormone levels, affect the way a part of the body works, or cause damage to nerve function. One or more of these can cause changes in a person's sexual function. Some side effects are temporary, while others are permanent.

Illness and treatments can deeply affect the way we feel about ourselves and how we behave around others. For example, we might feel hesitant or unwilling to be naked in front of another person or we may lose our desire to be sexual with a partner or alone. We might struggle to even see ourselves as sexual beings. These changes can result in a loss of intimacy or connection with other human beings as we withdraw, both physically and emotionally. We can end up feeling very lonely.

## Try to talk about it

The most important thing you can do is to express yourself in words. If you have a partner, try to talk about what you are feeling, how you feel about your body, and what you want in terms of touch. Non-verbal communication and not talking are open to misinterpretation and can lead to hurt feelings. Ask how you can meet your partner's needs for touch and affection. If you are uncomfortable speaking with your partner about this, speak with your healthcare provider who can refer you to a counsellor, social worker, or therapist. Both you and your partner may benefit from speaking with someone and sharing your concerns.



If you don't have a partner, share your thoughts and feelings with your healthcare provider, a counsellor, social worker, or sexuality therapist. You might also consider speaking with a trusted friend or family member.

## **The role of health care providers**

Healthcare providers should ask about their patients' sexuality and about changes to it because of illness or treatment; but they often don't. Many healthcare providers are reluctant to bring up what they see as a sensitive or awkward topic, or they think if it's important to the patient, they will ask about it. This is not helpful.

People often wait for their healthcare provider to ask about something. If this doesn't happen, the person may assume it's not important. This resulting silence creates an impression that sexuality is a taboo topic and, worse, can negatively impact someone's health.

Not asking questions can be especially detrimental to the health of Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning) people, particularly for trans people who have undergone medical procedures or are taking hormones or other medications. Healthcare providers need to educate themselves about health risks for 2SLGBTQ+ and other groups of marginalized people – and ask questions in ways that invite an open and caring dialogue.

As a healthcare provider, you may be afraid you won't know the answer to a question about sexuality because nursing and medical schools don't provide much in the way of education on this topic. Or perhaps you are too uncomfortable or busy to talk about the more emotional aspects of living with illness. Sexuality is an important part of everyone's health and deserves your attention.

## **Sexuality over a lifetime**

Sexuality is an important part of life from adolescence to older age, in health, and at the end of life when touch and love are so important. Our sexuality changes with age, time, and illness. We may not feel the same way about our bodies or someone else's that we did 20, 30, or more years ago; however, that does not mean we feel worse. With age comes acceptance for many of us; but we do need to let go of what was, and look at what is, and what may be possible.

## **Resources**

Katz, A. (2007) *Breaking the Silence on Cancer and Sexuality: A Handbook for Health Care Professionals*. Oncology Nursing Society: Pittsburgh, PA.

Katz, A. (2009). *Sex when you're Sick: Reclaiming Sexual Health after Illness or Injury*. Greenwood: New York, NY

Katz, A. (2009). *Woman Cancer Sex*. Hygeia Media: Pittsburgh, PA.

Katz, A. (2009). *Man Cancer Sex*. Hygeia Media: Pittsburgh, PA.

Association of Sex Educators, Counselors and Therapists ([www.AASECT.org](http://www.AASECT.org))

Reviewed January 2022