



# **Men and Their Partners Affected by Prostate Cancer**

**Online Group Work Book**

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## Introduction

# Introduction

*Cancer affects everyone,  
whether you are the one diagnosed with cancer, or a loved one.*

This program has been designed to help men and their female partners **manage the longer-term effects of prostate cancer treatment\***. The program is designed so that you can:

1. Learn about the effects of prostate cancer, for both you and your partner, and more importantly, how you can both manage those effects.
2. Connect with other couples to learn about their experiences and gain support.

## Program Format

- ⦿ The program runs 6 weeks.
- ⦿ Each week there will be materials to read, as well as 2 to 3 exercises for each couple to do together between meetings.
- ⦿ Each week we will meet in an online chat room for 1.5 hours.
- ⦿ Two health care professionals, experienced in working with couples who are affected by prostate cancer, will facilitate.
- ⦿ Four couples will complete the program together.

## A Word About Confidentiality

Our online group will run on Cancer Chat Canada ([www.cancerchatcanada.ca](http://www.cancerchatcanada.ca)). This platform is highly secure and encrypted. However, as everyone knows even banks can be hacked! Therefore we have taken some extra precautions. We only use first names in the chat room. Should any of you who wish can choose a pseudonym or a nickname, which further covers your identity. Although the facilitators know who each person is and how to contact them, that information is not shared among group members, unless members of the group wish to connect with each other outside the group. If that is the case, the facilitators will help you with that outside of the online space. In addition we ask everyone to respect other's privacy by NOT discussing another person's experience outside of the group.

\* This guide is specifically designed for heterosexual couples. Our belief is that the issues and concerns that gay couples experience are somewhat different. Furthermore, research suggests gay couples prefer to have materials such as this specifically designed for them, something we hope to accomplish in the future.

We understand that you may have some feelings of apprehension. Joining a group and a chat room may be a new experience for you and your partner. Although sex is not the only focus of the group, we anticipate that sex and intimacy will be topics of high interest and concern for most participants. We are aware that talking about sex in a group may be uncomfortable and that you may not be sure what your partner thinks is OK for you to share. We expect that the experience will become more comfortable fairly quickly and we appreciate your willingness to give it a try. We see you joining this study as your concern for your partnership and your desire to maintain a strong relationship. Most couples that attend education sessions, group sessions, or face-to-face couple counseling focused on the sexual effects of prostate cancer are often surprised by how quickly they become comfortable. We trust that the same will be the case for you.

We will not be asking you to share intimate details of your relationship during the meetings. We do hope though that you will share what it was like for you to do the exercises, ask questions, and that you will be supportive to other couples and comment on what you are learning from them. The facilitators will do their best to make sure that each person has a chance to contribute to the group discussion without anyone feeling on the spot.

Typically people benefit most from the opportunity to meet with others in similar circumstances when they believe they have:

1. Something to offer to others in the group.
2. Something to learn from the group.

It may be helpful to think about these two aspects for yourself.

Between group meetings, we ask that you and your partner plan time to complete the designated exercises. The required exercises will take approximately 60 minutes each week to complete. We have found that some couples really enjoy the exercises and spend more time on them. There are supplementary exercises, for those especially keen! The more time you invest in the exercises, the more you will gain from them. If you have questions about a specific exercise you can talk to (or email) the facilitator for clarification. However, most of the activities are straightforward and will be explained in the group meeting.

We hope that everyone will attend every meeting. However, we understand that sometimes this is not possible. Please let one of the facilitators know if you are going to miss a meeting. The text of our chats will be archived so, if you do miss one, you can read the transcription of the meeting before the next one.

We also ask you to plan to arrive on time and to stay for the duration of the meeting. Late arrivals and early departures are disruptive.

## Role of the Facilitator

The facilitators will:

- ✓ Focus the discussion each week
- ✓ Ask questions about each person's experience in relation to the topic (you can share as much or as little as you want)
- ✓ Assist in bringing forward information and ideas
- ✓ Help couples to learn from each other
- ✓ Explain the between meeting exercises
- ✓ Ask about experiences with the exercises

The facilitators will not:

- ∅ Provide presentations or lectures about the topics.
- ∅ Ask you to talk about the specifics of sexual behaviors in your relationship.

## Goals of the Program

Our goals for the program are broad and your specific goals may be a bit different. That's okay, there is room to shape things to what participants need and want from the program.

As a starting point however, our goals are to help couples:

- ⦿ Adjust to the effects of prostate cancer treatment.
- ⦿ Maintain (or improve) communication about prostate cancer, your relationship, & sexuality.
- ⦿ Maintain (or regain) intimacy - however a couple may define that.



Given these broad goals, during this program you will have the opportunity for the following:

- ⦿ Take stock of where you have been, where you are, and where you want to go ([Week 1](#)).
- ⦿ Consider the impact of prostate cancer on each of you physically and emotionally, as well as the impact on your relationship ([Week 2](#)).
- ⦿ Learn about how different people think about sex, sexuality and themselves as a man or a woman and consider what this means for you and for your partner ([Week 3](#)).
- ⦿ Learn about how to make changes in your sexual relationship, intimacy or sense of togetherness ([Weeks 4 & 5](#)).
- ⦿ Plan how to maintain any changes you have made and decide on next steps ([Week 6](#)).

Our experience with online support groups in other contexts is that they work very well and most people find them beneficial and enjoyable. We hope that you do too!

## The First Meeting

Your facilitator will let you know the date and time of the first group session. You will be provided with information about how to access the group meeting space online well in advance of the first meeting.

It is a good idea to try it out in advance, log on to the website to make sure you can get to the online virtual meeting space, so you won't have problems the day that the group is starting.





## **Week One Goal Setting**

# Week One

## Goal Setting

### Your Goals for the Program

People tend to get more out of a program when they set a goal.

- ⦿ What do you hope to gain by participating in this program?
- ⦿ Even though things may be going well in your relationship, if you could change one thing about your relationship with your partner through your participation in the program what would it be?

The thing you want to change could be related to understanding something better about your partner (or your partner understanding something better about you); or about how you communicate about certain things; about your sense of intimacy, or your sexual relationship, or something else.

We ask that you and your partner consider your personal goals for the program by [completing the goal setting exercise](#) that follows **PRIOR** to the first meeting.

There is one page for each of you.

### Notes

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## His Goals

One thing I hope to gain as a result of participating in this group is . . .

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One thing I would like to change in our relationship as a result of going through this program is . . .

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One thing I think I could do differently to achieve this change is . . .

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On a scale of 1-10, with 10 being the highest confidence, right now I am at a \_\_\_\_\_ level of confidence that we could make this change.

One thing that would increase my confidence that I could make this change is . . .

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## Her Goals

One thing I hope to gain as a result of participating in this group is . . .

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One thing I would like to change in our relationship as a result of going through this program is . . .

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One thing I think I could do differently to achieve this change is . . .

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On a scale of 1-10, with 10 being the highest confidence, right now I am at a \_\_\_\_\_ level of confidence that we could make this change.

One thing that would increase my confidence that I could make this change is . . .

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## **Week Two Taking Stock**

## Week Two

### Taking Stock

Cancer affects everyone, whether you are the one diagnosed with cancer, or a loved one. Prostate cancer specifically has emotional, physical, and relational impacts many of which are inter-connected.

The existing treatments for prostate cancer often result in troublesome physical side effects, such as dry ejaculation, leakage of urine with orgasm, penile shrinkage, bowel dysfunction and the two most common and bothersome side effects: urinary incontinence and erectile dysfunction.

In addition to the physical effects of prostate cancer treatments, men and their partners also commonly experience emotional and physical effects, including learning to adjust to a changed body. When you learned of your cancer diagnosis fear may have been an immediate reaction.



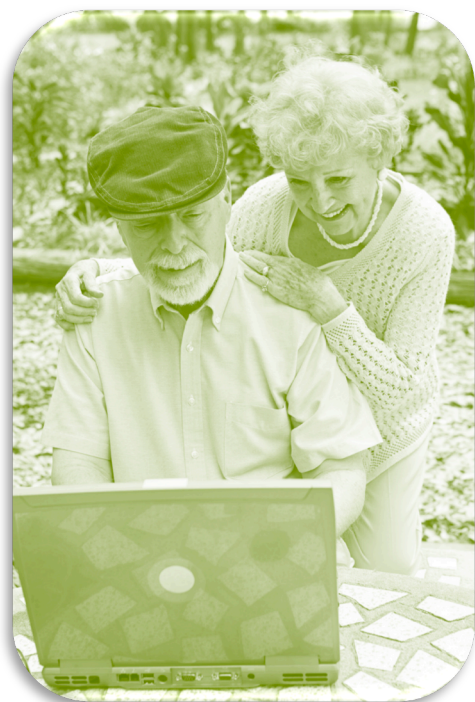
A bit later you may have experienced anger, embarrassment, shame or guilt, along with a sense of being betrayed by your body. For men, how they see themselves physically (or think others' see them) and how men feel about themselves as a man or as a husband may change after prostate cancer. There are many adjustments and these often take time.



A man's identity and his self-esteem can be affected, sometimes severely. Many men may not feel as manly as they once did. In our society the "ideal man" is often portrayed as one who is virile; in popular culture, like movies and advertising, sexual prowess is also often a key performance indicator of being a man. Erectile dysfunction thus often contributes to lowered self-esteem, self-doubt and uncertainty and sometimes, even depression. Some men believe that a man should be defined by stoicism, competitiveness, self-reliance and independence, views that can make living with prostate cancer particularly difficult.

Men vary in the degree to which they feel comfortable disclosing and discussing their experience with prostate cancer. Some men find that they tend to open up more, particularly to other men who are seeking advice about prostate cancer. The majority of men, however, talk very little about their illness to others. There are a variety of reasons why this may be the case. For example, sometimes men view talking about illness as “weak” or “not manly”. They may worry that if others know about their illness they will view or treat them differently. Not talking about prostate cancer may be a way to avoid being judged or burdening others. Ultimately, not talking is a way of avoiding the illness and its implications, possibly creating barriers to resolving the problems that are created by prostate cancer.

While family and friends are often distressed by a man’s prostate cancer diagnosis, spouses or partners are usually the most significantly affected and for a longer period of time. The effects on your intimate relationship are the most obvious negative outcome, besides the worry about cancer itself. However, a lot of frustration can stem from the lack of communication between partners. It is often difficult for men to talk about how they are feeling and they may be inclined to become silent or to withdraw. From the perspective of female partners the sexual effects are often more secondary and they may be more distressed with the lack of open and direct communication. In fact research has shown that sexual problems do not cause as much distress for the partners in an intimate relationship as does the inability to talk about the changes!



### Notes

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## How Do Couples Cope?

*Being flexible, willing to learn, and openness to change all enhance resilience*

Resilience is a process that allows couples to endure significant challenge and adapt positively in crises such as cancer. To be resilient requires action. What we believe and how we communicate contribute to resilience. For one, having a belief system that allows one to find meaning and derive life lessons from hardships, contributes to resilience. Resilience is also promoted by open and effective communication, and problem-solving as a couple. Being flexible, willing to learn and openness to change all enhance resilience.

Resilient couples adapt to change after an adverse event such as cancer. Rather than fight to restore exactly what they had before they move forward past the challenge and into a new and better place, having weathered and learned from the event. There is a **moving through** stage where one does not know if pushing through will result in a reward greater than the cost of struggling through the challenge. One emerges on the other side stronger and wiser despite, and perhaps even because, of what one experienced. The survival of a marriage as a result of, and despite stressors, has been termed resilience.



One thing that influences resiliency and seems to make a difference to how satisfied couples are with their relationship is the degree to which they **know** each other; that is...

- How well do you know your partner's thoughts, dreams, fears, likes and dislikes?
- What kind of an inner map do you hold about your spouse?
- While you may know each other very well, a major life event such as cancer can shift things. Are you up to date with what your spouse is thinking?

### Notes

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## Week Two Activities

There are two activities for Week 2. The first is required. The second is optional.

Required:

### 1 Map Exercise

The required activity, The Map Exercise, is designed to help you be up to date with what your spouse is thinking.

(30-60 minutes)

Optional:

### 2 The Relationship Line

The optional exercise this week; The Relationship Line can help couples put the cancer experience into perspective. If you have time you may find this one helpful too.

(30-60 minutes)



## The Map Exercise

Research on successful marriage suggests that the “**marriage masters**”<sup>\*</sup> know each other well! They have a good **map** in their minds about who their partner is and what his/her goals, dreams, likes and fears are and this forms a strong foundation for a sense of closeness and being a team. You and your partner may have excellent **maps** about each other but sometimes after a cancer experience the map can become a little outdated and need some refreshing.

For those of you who remember, this is a new take on the old **Marriage Game** that was on TV in the 50s and 60s and is meant to be fun but also perhaps open up some discussion.



In this exercise, we ask that you:

1

Print two copies of the following three pages, one for each of you.

2

Independently, complete the questions.

3

When you are done share your answers with each other and note any surprises.

*That's the beauty of feeling emotionally connected to others. Whatever you're facing – serious illness, divorce, job loss, grief over the death of a loved one – you don't have to face it alone. Sharing your experience with other people who express understanding and sympathy may be helpful in ways we're only beginning to understand.*

John Gottman, The Relationship Cure

<sup>\*</sup> Gottman (1999) described “marriage masters” as those couples that have become highly skilled in maintaining a strong, satisfying relationship.



## The Map Exercise

**1** My favorite breakfast...

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My partner's favorite breakfast...

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**2** My best friend...

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My partner's best friend...

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**3** My favorite in law...

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My partner's favorite in law...

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**4** My favorite thing to do with my partner is...

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My partner's favorite thing to do with me is...

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**5** The most difficult thing for me about prostate cancer was...

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The most difficult thing for my partner was...

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**6** One thing I miss about life before prostate cancer is...

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One thing I think my partner misses is...

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**7** As a couple, one thing we did well dealing with cancer was...

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As a couple, I think my partner would say one thing we did well was...

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**8** One thing I think we might have done better was...

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One thing my partner might say we could have done better...

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**9** One thing about our relationship that we could improve on is...

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One thing my partner would say we could improve on is...

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**10** When I am feeling low I like my partner to support me by...

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When my partner is feeling low s/he like me to support her/him by...

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**11** One quality I most admire about my spouse is...

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One quality I think she/he most admires about me is...

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**12** One word / phrase I would use to describe our sex life since cancer is...

---

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One word / phrase I think my partner would use to describe our sex life since cancer is...

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---

**13** One way I show my affection to my partner is...

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One way my partner shows affection to me is...

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**14** One thing we have learned (or gained) through the cancer experience is...

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One thing my partner would say we have learned (gained) through the cancer experience is...

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**15** I decided to take part in this program because...

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I think my partner decided to take part in this program because...

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## Optional Exercise

### Relationship Line

How much time couples like to spend with each other versus on their own varies not only between couples but also at different points in their lives. In fact it is quite common for couples to feel very close at certain points in their lives and more distant at others. Many things contribute to that.

In the context of prostate cancer, some men become very distressed about the uncertainty that comes with the diagnoses and therefore withdraw from their partners. There are jokes about men going into their caves but some women do as well. Others may want a lot of closeness perhaps for reassurance and comfort.

We often think of closeness in a relationship as a good thing but sometimes there can be too much of a good thing. When this happens the other may feel suffocated. Understanding each other's needs and being able to regulate closeness and distance in a relationship is necessary for satisfying relationships.

This exercise is designed to help you think about closeness and distance in your relationship over time.

- ⦿ Do you know your partner's preferences about this?
- ⦿ Do you know if his/her preferences have changed over time?
- ⦿ What about the ingredients for a sense of closeness for each of you?

If you can, find a large piece of paper to do this exercise.

- ⦿ Work together to create a relationship line from the time when you started dating through major transitions (work changes, children, moves, illnesses and the like).
- ⦿ Mark on the line the year and the major event or transition.
- ⦿ Decide if that was a time of closeness for you or of more distance. It is possible each of you may see it differently. In which case just note that.

Sample Relationship Line





Once you have completed drawing the line, ask each other the following questions:

At what point in our lives have you felt closest to me?

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Was there another point in our lives that you felt nearly as close as the time above?

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What gives you a sense of closeness to me? Were there things that I did that increased that?

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When you have felt distant, what was going on then? Were there things that I did that increased that?

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How much closeness/distance do you like in our relationship?

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How are we doing with that now?

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If one of us wanted more space or more closeness how do we manage that? Can we talk about it or is it more difficult? Do we negotiate this well or not so well?

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## **Week Three**

### **The Impacts of Prostate Cancer**

# Week Three

## The Impacts of Prostate Cancer

At the time of the initial diagnosis, the main focus of couples is plain and simple: to survive cancer. The emotional turmoil associated with that is a challenge in itself. However, life after cancer treatments also requires adjustment. Couples need to rediscover and redefine their relationships, sexuality and the meaning of their lives. As well, they often need to learn to manage the side effects of cancer and its treatments, including the common sexual effects.



The importance of sex varies greatly from couple to couple; it can also be different between the man and his partner, with one feeling great loss or frustration and the other having less interest. The things we value about sex also vary as we age. What it is about sex that is most valued also varies. Some people value sex more for the sense of closeness it provides; others more for the physical pleasure.

Couples who place low value on sex in both dimensions (intimacy/pleasure) usually feel indifferent towards sex and the loss of sex. In contrast those couples who place high value on sex for physical pleasure are often frustrated when faced with the challenges of prostate cancer, such as erectile dysfunction, and as a result may simply avoid sex.

A third group of couples who place high value on sex for relational intimacy may be more motivated to find other ways to be sexual with each other if penetrative sex (intercourse) is not possible or not easy. Discovering what other ways they might express their sexuality with each other can be challenging, especially if the couple finds it difficult to talk about what is happening.

One of the things we will look at this week is your values about sex with regard to intimacy and pleasure. One thing that is clear about human beings is that generally speaking we can manage without intercourse and orgasms if we must. We do not do well though in the long term without touch. Touch seems to be necessary for a sense of well-being.

### Notes

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## Erectile Dysfunction

Erectile problems after prostate cancer are the rule, not the exception. **As much as 80% of men who are treated with either surgery or radiation therapy will experience erectile difficulties**; including difficulty achieving an erection, erections that are not stiff enough for penetrative sex, or erections that do not last as long. One of the difficult aspects of this can be the unpredictability of erections.

In order to achieve an erection one must have both good nerve supply and good blood supply. In the case of surgery, when “nerve sparing” is possible it can help preserve erectile function. However, nerve-sparing surgeries do not protect erections entirely as it is extremely difficult to completely protect the very fine network of nerves that surround the prostate. Of course the smaller the tumour the more likely this will be successful. With surgery, erectile problems are there immediately and can improve over time. Radiation therapy affects erections differently in that the impact occurs over time, resulting in erectile function decreasing in the 12-18 month period after radiation. Studies suggest that at least 50-60% of men are upset about sexual problems after prostate cancer and likely an equal number of their partners.

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Since prostate cancer is much more common in older men, there are other factors that are often at play too. For both men and women aging affects sexual function with at least 50% of men over the age of 70 reporting significant erection problems. Other factors affect erectile function including diabetes, high blood pressure, various medications and mood. Women often experience post-menopausal changes that can affect their sexual function and enjoyment too. For example, vaginal dryness is common and can contribute to painful intercourse.



When sex becomes more challenging due to any of these problems, sex can become very anxiety provoking, which squashes sexual desire!

While it is true that there are a variety of aids that can improve erectile function, most are not completely effective and can be difficult to use. About 30% of couples that use aids for erectile problems are satisfied with them. We consider how to address erectile dysfunction (ED) in detail in week four.

## Urinary Incontinence

Another side effect of treatment can be urinary leakage or incontinence, which is the involuntary loss of urine. It can occur in the wrong place or time, such as during sexual activity. This is fairly common following prostate cancer treatment. Some couples might find this particularly bothersome. The good news is that there is a way to treat, cure or at least manage urinary incontinence.

- ⦿ Keep in mind that urine is sterile and therefore can cause no physical harm.
- ⦿ Have sex in the shower where leakage will be less noticeable.
- ⦿ Lay a towel on the bed before sexual activity. This takes away the worry of making a mess of the bedding.
- ⦿ Keep a damp washcloth or moist wipes close for easy clean-up in case leakage does occur.
- ⦿ A constriction ring (one used with the vacuum erection device, or any other erection ring) can help with leakage.

### Notes

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## What can a Physiotherapist do to Help?

It is important for men and women to maintain pelvic floor muscle strength. Exercises for the pelvic floor, prescribed by a physiotherapist with training in this area can be very helpful. Benefits include maintaining continence, helping the bladder to hold on after getting the urge to urinate, and for men, increasing rigidity for erections. An exercise program can be designed specifically for each individual's problem. This can include muscle re-education, bladder retraining and strengthening of the pelvic floor muscles. If these muscles are very weak, the use of biofeedback or electrical stimulation of the pelvic floor muscles may be prescribed by the physiotherapist. Evaluation will include assessing the strength of the pelvic floor muscles, severity of incontinence, setting goals, and recommending lifestyle changes to decrease bladder irritability.

The following lifestyle changes may help in managing urinary incontinence:

- Pelvic floor exercises
- Healthy bladder habits
- Bracing the pelvic floor muscles before moving, coughing, laughing, or sneezing
- Avoiding caffeinated or alcoholic beverages

## The Pelvic Floor Muscle

The pelvic floor is the musculature layer stretching from the pubic bone in the front to the tailbone at the back and forming the floor of the pelvis. It is the main support for the pelvic organs. As we age both men and women can start to experience [stress incontinence](#) problems. This may happen accidentally through losing control of your bladder when you cough hard, sneeze or laugh too hard. For men who have been treated for prostate cancer, problems with bladder (or bowel) incontinence can be a problem too.

Doing [pelvic floor muscle exercises](#) should help [reduce continence problems](#), regardless of the cause. A toned pelvic floor helps close off the bladder and bowel outlets to help prevent leakage. Relaxation of the pelvic floor allows effective bladder and bowel emptying. Maintaining strong pelvic floor musculature may enhance the ability to maintain an erection.

### How can I find my pelvic floor muscles?

To be sure you are exercising the right muscles, try stopping the flow of urine in mid-stream or imagine you are trying to avoid passing gas by squeezing inside and pulling upwards.

## Pelvic Floor (Kegal) Exercises

You can do pelvic floor exercises anywhere, while you are sitting, standing, lying or walking. To start off you may find it helpful to do the exercises sitting down, perhaps even on a toilet seat. Your feet should be flat on the floor and your knees slightly apart.

- ⦿ Empty your bladder before exercising.
- ⦿ Tighten the muscles that you would use if you were holding or stopping urine flow. Hold to the count of five and then relax. Repeat this five times. Do the same exercise but hold for a count of one or two seconds. Repeat this five times.
- ⦿ Remember to breathe normally during the exercise.
- ⦿ Try lengthening the amount of time with practice. Try to feel a lifting or “pulling-up” sensation as you are doing them. Alternate between slow and fast “pull-ups” for five minutes.
- ⦿ Do these exercises for about five minutes three times a day.

The exercises should be practiced regularly, as it may take weeks before the benefits are noticeable. See your doctor for a medical check and advice if urinary symptoms do not improve.

**For more ideas regarding men’s pelvic floor exercises visit:**

<http://www.guysandstthomas.nhs.uk/resources/patient-information/urology/continence/2013-pelvic-floor-men.pdf>

**For women visit:**

<http://www.patient.co.uk/health/Pelvic-Floor-Exercises.htm>

## **A Note about Lubricants**

If you have not previously used lubricants as part of sex, it may be time to give them a try. For men, stimulating a fully erect penis by touch is different than stimulating a semi-stiff or soft penis. Typically more pressure is needed to feel pleasurable. However, increased pressure can irritate the skin. Lubrication is useful for avoiding discomfort. For women, vaginal dryness can become an issue at mid-life and of course dryness will make intercourse difficult. You may want to consider using a lubricant for either issue. Water-based lubes make for easier clean-up (“K-Y Liquid”, “Slippery Stuff”, “Liquid Silk”, “Astroglide”, “The Natural”). There are also flavoured or warming lubes on the market. Be careful with those. They can be fun, but also can be irritating to skin. If you have had radiation to the area, these may not be a good idea.



## **Some Tips for Using Lubricants**

- Consider placing them in a bowl of warm water or on a (not too hot) radiator, otherwise they can be a little cold. Warming the lubricant container in your hand, or the lubricant in your hand or mouth is an option too!
- Over time the lubricants dry out. Having a bowl of warm water nearby to “reconstitute” the lube (a few drops on your fingers) is helpful. Thicker lubes dry out more quickly.
- Her favorite lubricant may not be his—experiment! Try out a variety of samples at a sex shop if you can or buy some small bottles to test. Try it out just on your hands to start with (or your partners’ hand) and see how it feels and how quickly it dries out. Many people have distinct preferences for one kind of lubricant or another



## Week Three Activities

There are three activities for Week 3. The first two are required. The third is optional.

Required:

**1 Turning Toward/ Turning Away**

This exercise is one that you do all week so it will be helpful to read about it early in the week. Brief notes are kept by each of you and shared at the end of the week before the meeting. (15-20 minutes meeting time)

**2 Values Exercise**

This exercise helps you to think about what it is about sex that you and your partner value. (15-20 minutes)

Optional:

**3 Examining Beliefs**

What we believe is very powerful in determining how we feel and how we behave. However, what we believe may not always be completely clear to our partners or even ourselves. This exercise invites you to think about the beliefs that you hold. (15-20 minutes)



## Turning Toward / Turning Away Exercise\*

In any relationship couples continually ask for engagement of their partner, for their partner to pay attention to them. This occurs in many small and large ways. For example, one person may try to tell a joke or, while reading the paper say “listen to this”, or to tell their partner about a conversation they had with someone. Each of these is a **bid** for attention or engagement to share something. We bid too for engagement around intimacy and sexuality; we offer hints through touch, looks or comments that we are interested in being close in some manner. In strong relationships couples regularly respond to their partner’s bids; these little interactions provide a foundation for a satisfying relationship and contribute to a positive **emotional bank account**. When a bid is caught, the couple is **turning toward** each other; when it is missed they are **turning away**. If one person continuously bids and the other continuously fails to respond to the bid in a repetitively pattern this becomes very distressing and toxic in a relationship.

In the context of prostate cancer and with regard to sexual issues particularly, it is not uncommon that female partners will bid for conversation about sex and other issues and the male partner will turn away from the bid. There are plenty of other topics too where this may happen with either partner.

In this exercise we ask you to **track the bids** that *your partner* makes for connection and note which ones you **caught** and responded to (turning toward) and which ones you **chose not to catch** (turning away).

Remember that there are lots of good reasons why one does not catch every bid. The purpose of the exercise is not blame but awareness.

For the week try to record an example each day of your partner turning toward you.



\*Adapted from Gottman (1999)



At the end of the week, review these together and consider the following questions:

How satisfied are you with how much you “turn toward” each other?

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Do you “turn toward” each other as much you would like? Would you prefer more?

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If you do want more of that, how might you get that?

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How do you do with “bidding” for sexual contact or intimacy?

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Is one of you traditionally the bidder?

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How is the bidding different now compared to before prostate cancer?

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What if anything do you want to shift here?

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## Values Exercise\*

We have found that the reasons people value sex can be divided into two broad categories:

**1** People who value sex for **physical pleasure** enjoy the physical sensations of arousal and orgasm. Sex is often described as a *release*, as *physically satisfying*, as *pleasurable*, as a source of *physical gratification*. Sex is sought because sex feels good physically.

**2** People who value sex for **relational intimacy** describe that they value sex because they feel emotionally close with their partner during sex. People who value sex for relational intimacy often describe finding enjoyment out of the *quality of time spent together* and *connecting on an emotional level*. Sex is sought because the individual wants to connect with another person.



\*Adapted from Beck, Robinson, & Carlson (2013)

In this exercise we would like you to consider what it is exactly about sex that you value.

**1** Print out 2 copies of the Physical Pleasure-Relational Intimacy Model of Sexual Motivation (PRISM) form, one for each of you.

**2** On your own, first think about how much you value sex for physical pleasure, put an **X** on the **vertical** line to indicate the degree to which you value sex for physical pleasure. If you highly value sex for physical pleasure put your X close to the top of the line. If you don't value sex for physical pleasure, put your **X** closer to the bottom of the line.

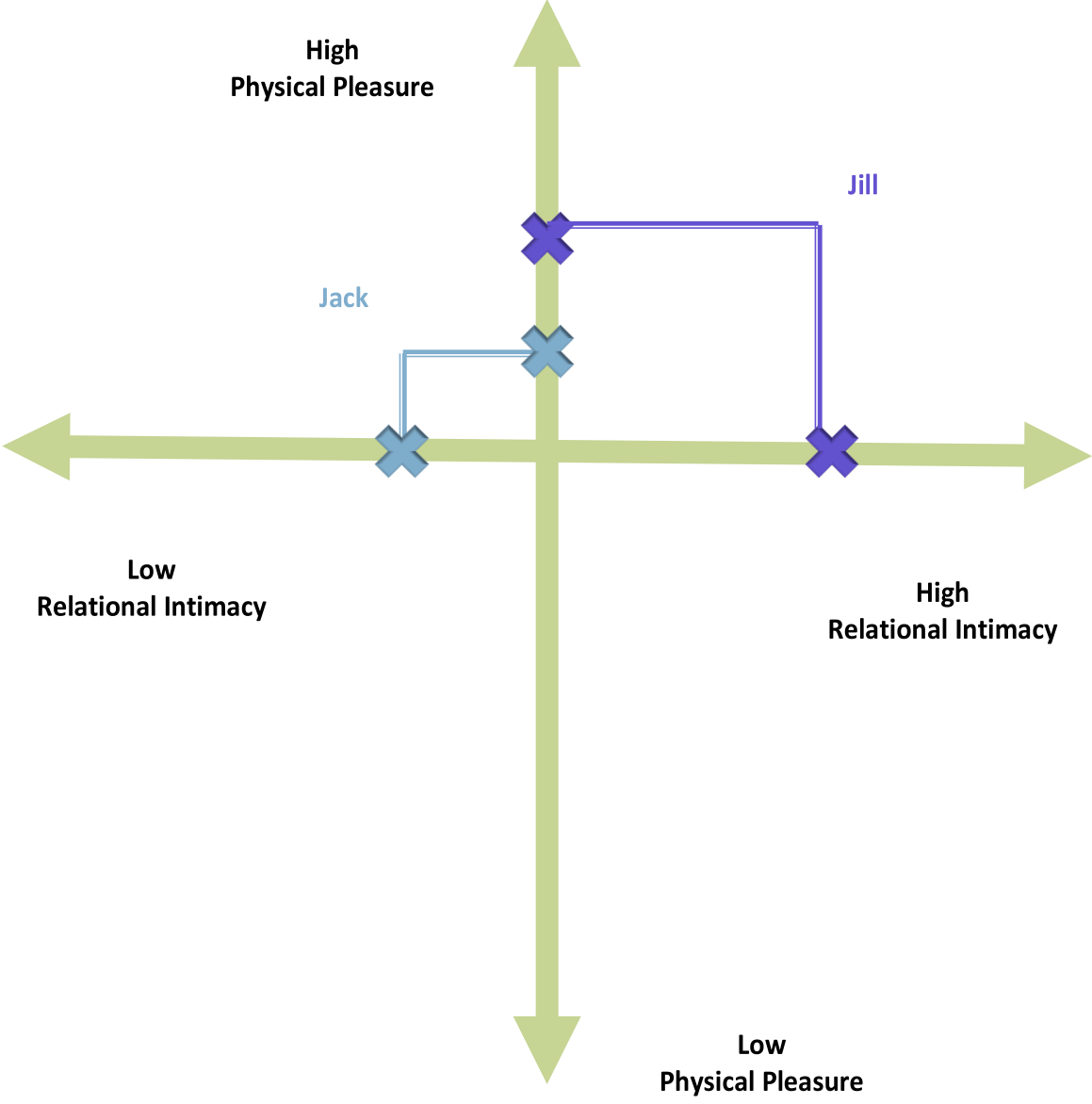
**3** Do the same thing thinking about how much you value sex for relational intimacy. This time draw your **X** on the **horizontal** line.

**4** Draw lines to connect the two lines like the example below and write your name where the two lines intersect.

**5** Now do the same thing guessing how your partner filled out the form and put your partner's name beside the point.

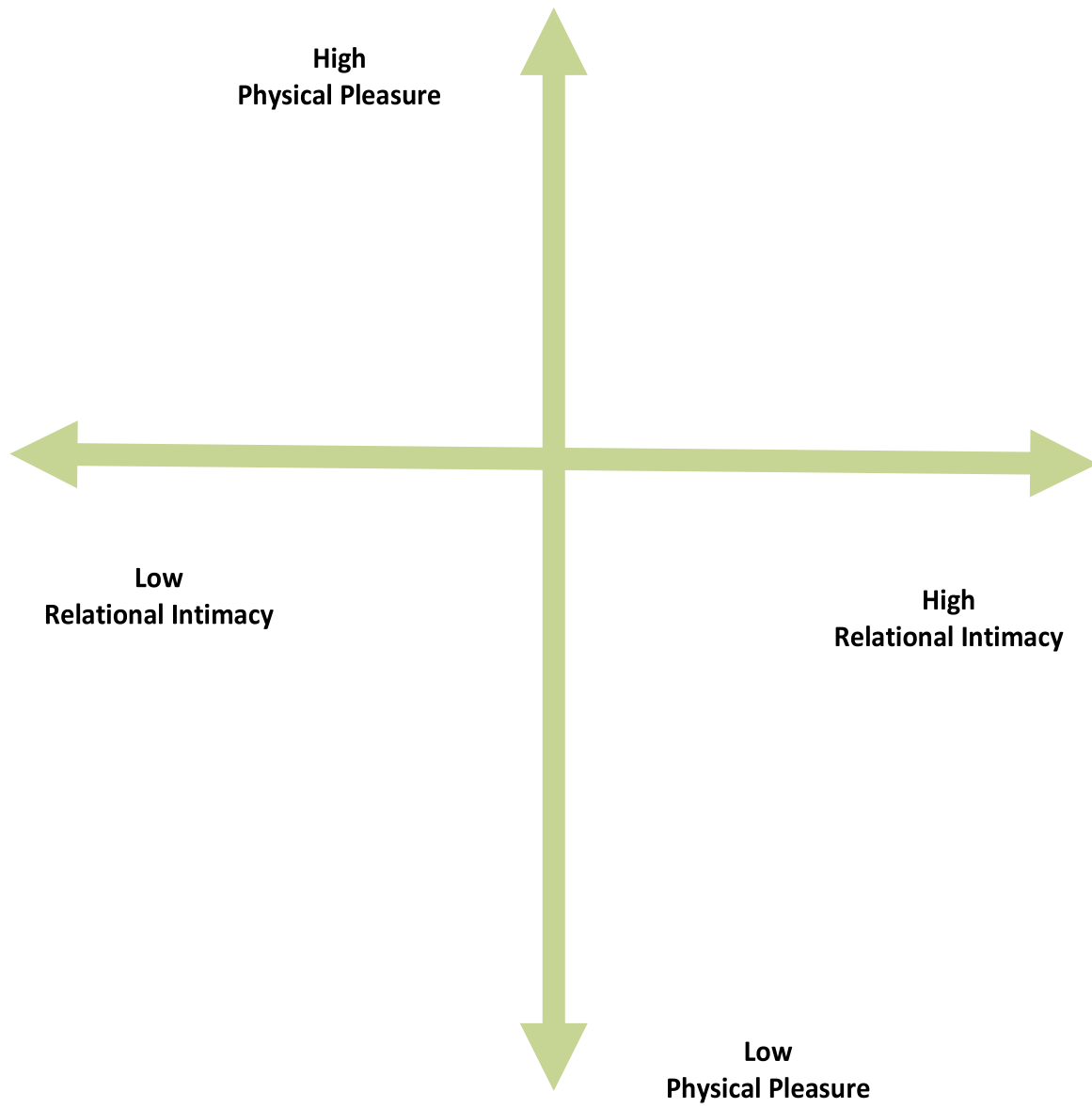
**6** Share your forms with your partner. Do you agree with each other's choices? Discuss your similarities and differences with one another.

# Values Exercise Example





## Values Exercise



## Optional Exercise

### Examining Beliefs

*What we believe is the most powerful option of all.*

*Norman Cousins*

Although sex is an important part of our lives from youth to old age, few of us receive much good education about sex. Consequently some unhelpful fantasy models of sex prevail in our society and most of us hold some strong beliefs about sex.

#### Core Beliefs

Not all beliefs invite an emotional or psychological response. Those that do are our **core** beliefs. They are:

- Fundamental to how we approach the world.
- Basic concepts by which we live.
- Form our identity.
- Create a certainty about an issue.
- Central to our individual lives and relationships.

Our core beliefs can be good or bad for our health. They can be either constraining or facilitating to us. Constraining beliefs are those that decrease options to problems. Facilitative beliefs increase solution options (Wright & Bell, 2009).

What are some beliefs you hold?

Our **core belief** is that **satisfying sex** is **always possible** even if it does not include intercourse!



In this exercise you are asked to respond to the following beliefs in terms of the strength with which you hold that belief and some alternative possible beliefs that may be more helpful.

While our beliefs do not shift simply by identifying alternatives, it is a good first step. Because beliefs are often invisible to ourselves and to others, the exercise will help you and your partner to discuss beliefs you each hold that the other may not have been aware of or that you simply have not discussed previously.

There is a work sheet for each of you on the following pages.



## Male Beliefs Worksheet

Consider the belief on the left. How strongly do you believe this on scale of 1-10?

1 = not at all                      10 = completely

Generate an alternative belief that *might* be true and rate that on the same scale.

When you have both finished, discuss the beliefs. Which ones do you believe differently?

Belief	1 - 10	Alternative Belief	1 - 10
<b>Example:</b> <i>Good sex is spontaneous sex</i>	6	<i>We plan for everything in our lives - meals, golf, vacations - why not sex?</i>	3
A man who can't get an erection isn't much of a man			
The end result of good sex is an orgasm			
I shouldn't touch my wife because I can't follow through			
Sex requires a stiff erection			
Erectile aids won't help			

**In the space below write 2 other beliefs or thoughts that you have been having about sex**



## Female Beliefs Worksheet

Consider the belief on the left. How strongly do you believe this on scale of 1-10?

1 = not at all                      10 = completely

Generate an alternative belief that *might* be true and rate that on the same scale.

When you have both finished, discuss the beliefs. Which ones do you believe differently?

Belief	1 - 10	Alternative belief	1 - 10
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**Example:**

*Good sex is spontaneous sex*

6

*We plan for everything in our lives - meals, golf, vacations - why not sex?*

3

My husband doesn't touch me because he doesn't find me attractive

Men need to be the ones to initiative sex

I feel it is important to protect how he feels about being a man by not showing that I need or want sex

Sex requires a stiff erection

If my husband needs an aid to get an erection its not worth the effort

**In the space below write 2 other beliefs or thoughts that you have been having about sex**



**Week Four**  
**Intimacy, Sexuality, and Prostate Cancer**

## Week Four

### Intimacy, Sexuality, and Prostate Cancer

Last week we introduced the problem of erectile function. This week we spend more time discussing what to do about it. About 80% of men who are treated for prostate cancer will experience some problem with erectile function. This may be consist of a inability to get an erection, erections that are not stiff enough for penetration or that do not last as long as prior to treatment. Although there are some erectile aids that can help, these can be challenging to use. Couples generally find that incorporating aids into lovemaking takes lots of talking, flexibility and persistence, as well as accepting that things are not going to be the way that they were prior to treatment.

This week we will explore the various erectile aids that are available, your thoughts and experiences with these, and some alternatives for success in adjusting your sex life.



### A Word About Sexual Desire

Following treatment for prostate cancer, it is not uncommon for men to experience a decrease in their sexual desire. Desire can be affected by performance anxiety. If a man is uncertain that his body will respond with an erection when needed, that uncertainty can dampen desire. Furthermore, a man's awareness of desire is often cued by erections. If these are not occurring as before he may be less aware of desire.

For women, menopause lowers estrogen levels, which reduces the blood flow to the vagina resulting in vaginal dryness and potentially, bladder control issues. Decreased estrogen may also reduce the desire for sex for some women. Understandably lack of desire contributes to less sex!

Aside from these physical changes, there are many other things that can contribute to decreased desire. Life stress, fears about health, and fatigue are a few examples. Also, sometimes men and women may avoid expressing sexual desire for fear that it may cause their partner to feel pressured. Feeling desirable also fuels desire, as does being sexual or intimate. The more sex you have, sometimes the more desire you develop.

### Notes

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## Readjusting Your Sex Life

*The brain is considered  
the most important sex organ of all.*

After treatment, some couples accept that intercourse is no longer possible. Some stop trying and are comfortable without sex. Others experience sorrow about the loss. However, some couples redefine what sex is for them and find enjoyment in what *is* possible. They discover other ways of maintaining physical intimacy with their partners.

You may have to accept that sex is not as spontaneous as it once was. If you are using an erectile aid, it probably will require some pre-planning before having intercourse. This does not have to be negative. In fact planning can enhance a sexual experience. Set the mood, light some candles, put on music you both like, slow-dance, take some time to be together and appreciate each other while building your sexual appetite. Consider making at least one night a week a date night to remind yourselves to spend time being physically intimate.

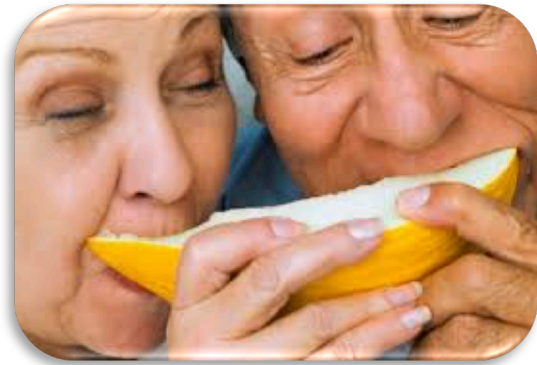
If your female partner has more spontaneous sex urges than you, she can begin to initiate sex activity. This may take some getting used to for both of you if this has never been your practice.

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## Penetrative Sex

There are a variety of aids, such as drugs or mechanical devices, that have been shown to help with sexual functioning and allow penetrative sex for some men, but mainly in the context where both partners are open, honest and enthusiastic regarding their use. It is important to have realistic expectations regarding the aids and communicate those to each other. The brain is considered the most important sex organ of all and obviously an erectile aid does not address all factors that can contribute to ED (such as self-esteem and concern about one's body image). Four main domains of men's lives that are affected by prostate cancer include: the quality of sexual intimacy, relationships with women, sexual thoughts, and masculinity. All of these can have an impact on sexual performance and pleasure.

The success rate with most erectile aids is variable, so it takes a bit of experimenting to see what works for you. You may be very familiar with these, but just in case we present the possibilities below.

## Oral Medications

The most popular medical treatments for mild to moderate ED, such as Cialis<sup>®</sup>, Levitra<sup>®</sup>, and Viagra<sup>®</sup>, all enhance blood flow to the penis when coupled with physical stimulation to the penis. They are not effective in men who have severe ED from either primary prostate cancer treatments or other diseases. Before taking any drugs for ED make sure you review your health situation with your physician. This is important if you are taking nitroglycerin or other heart medications, or if you are taking herbal or "natural" health products for ED.

## Injections

The most commonly injectable medication used to treat ED is prostaglandin E1 (also known as Alprostadil and available as Caverject<sup>®</sup>, Edex<sup>®</sup>, and [Prostin VR<sup>®</sup>](#)). These are injected into the shaft of the penis with a fine needle. This may seem intimidating, but most men find they are able to master the technique without too much difficulty or discomfort.

## Intraurethral Suppositories

A small pellet of medication (also prostaglandin E<sub>1</sub>) is placed directly inside the urethra with a plastic applicator. It is known as MUSE<sup>®</sup>. The drawback with MUSE is that it is uncomfortable, and does not work well for many men.

## Vacuum Erection Device (VED)

A VED is a cylinder-shaped external pump, either hand or battery operated, that is placed over the flaccid penis. Once the penis is enlarged and firm, a rubber constriction ring is slipped onto the base of the penis to prevent the blood from draining out. The pump can then be removed. The ring should be removed after 30 minutes to avoid damaging the tissue of the penis. Although the penis is firm, it may swivel at its base, known as the "hinge effect". This may require adjusting postures during sex to avoid unwanted separation.

## Inflatable Penile Prosthesis (IPP)

The IPP is a bionic system, with inflatable cylinders surgically implanted into the shaft of a man's penis. The prosthetic is pumped up using a small pump inserted under the skin in the scrotum. The penis does not deflate after sexual activity until the man himself activates a release valve that is part of the device. IPP devices are not detectable visually by others except for the small surgical scars where the hardware was inserted. Many men who have an IPP are very happy with them but the implantation is a permanent and non-reversible procedure. There are some risks with any surgery: occasionally the prosthesis will fail, and a second operation may be necessary. Also, the size and shape of the erect penis may not be the same as it was before treatment.

## Non-Penetrative Sex

Sex does not need to include intercourse, or even an erection for that matter. Sexual activity between two committed partners is the expression of erotic love and physical affection. You can use a variety of activities to make love, such as kissing, hugging, cuddling, sensual touching or talking, genital touching and oral sex. Penile-vaginal intercourse is often seen as the only **real** sex, but most couples already use all the mentioned techniques, though you may not have considered this **being sexual** before. This kind of sex is sometimes referred to as **outercourse**.

It is possible for a man to have an orgasm, even without a firm erection. Following prostatectomy, it will be a **dry** orgasm, meaning there will be no ejaculate. Although still pleasurable for most men it is likely to feel different than before. If a man has no erection, manual stimulation will feel different too, to both the man and his partner. Pleasurable stimulation of a soft penis generally requires firmer pressure and use of lubricants. It requires good direction from the man to teach his partner how to stimulate him so that it is enjoyable.



Consider incorporating a toy into your sex play. Vibrators can be pleasurable for both men and women and come in a variety of sizes, shapes, materials and styles and with different speeds. Vibrators can have different uses: to stimulate the woman's clitoris or g-spot, to stimulate the man's anus, scrotum, or testicles, or worn looped around the penis to stimulate both the clitoris and the testicles at the same time. Dildos also come in a variety of materials, sizes and styles. They can be used for penetration both vaginally and anally.

Another alternative that some couples have found satisfying is for the man to use a strap-on dildo to penetrate his partner. A simple harness is worn on the man's hips. The harness holds a penis-like dildo in essentially the same position that an erect penis would be in a sexually aroused male. Both men and women have reported that they have enjoyed the use of this sexual aid. One company in the USA, SpareParts, makes a harness specifically for males called the Deuce® which can be purchased on line in several different sizes from many of the larger sex shops in North America.

### Notes

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## Intimacy

*Intimacy is the closeness  
that you feel with your partner.*

Reduced sexual desire has an impact on both partners and it is important to acknowledge each other's feelings and frustrations, if one is experiencing that. Part of moving forward and redefining your sex life is to address assumptions that either of you may have about each other. For men, your partner may assume that because you have a lower sex drive, you do not love her anymore or do not find her attractive. You may assume that you cannot satisfy her sexually anymore and stop trying. You may even fear that she may leave you because of this. The first step to coming closer to recovering a sex life is for both of you to talk about your feelings.

Intimacy is the closeness that you feel with your partner. There are **two aspects**: **physical** and **emotional intimacy**. Physical intimacy can be thought of as "intercourse" (penetrative sex) and "outercourse" which includes all of those things we do with a partner that include touch, holding, caressing, kissing, as well as oral or manual sex. Another way to think about sex is to transform the idea of **foreplay** into **real** play—that is not "fore" at all. When intercourse becomes difficult, it is important to not give up on other ways of being sexual with your partner as well!



When you want to be sexually intimate, decide ahead of time whether you want to engage intercourse with an aid or not. You and your partner may decide that cuddling and hugging do not need to lead to sexual intercourse. This may help reduce anxiety and false expectations since you can still enjoy physical closeness with your partner without having to **deliver**.

It is okay to not want to have penetrative sex, or other kinds of sex at any given moment. Many couples experience a satisfying sense of closeness with cuddling, hugging, holding hands. For others, that is not enough. In either case, we hope that you will find some ways to enhance your sense of intimacy as you are going through this program.

### Notes

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## Week Four Activities

There are three activities for Week 4. The first two are required; the third is optional.

Required:

### 1 **Sensate Focus Exercise I**

This exercise is one of the most powerful that we know learning about touch and pleasure for yourself and your partner. Some couples might be inclined to skip this. Please don't!  
(60 minutes)

### 2 **Alternatives for Sex Exercise**

This exercise asks you to consider the range of possibilities for sexual intercourse and sexual outercourse (that is, sex without penetration) and to share your thinking with your spouse.  
(15 minutes)

Optional:

### 3 **Mindfulness Exercise**

A major limitation to sexual pleasure and enjoyment is not being present and open to what is happening in the moment. A mindfulness practice is a way of learning to become more present, for ourselves and for our partners.  
(10 minutes)



## Sensate Focus Exercise I

The **Sensate Focus** exercises are a series of exercises designed to help couples reduce the goal orientation that often occurs with sex and to experiment anew with intimate touch. There are four progressive steps. In this program we introduce you to the first two. These exercises are not intended to be sexually arousing, although they may be. Rather, the purpose is to help you and your partner to tune into touch in a focused way.

### Sensate Exercise Goals

- 1** To learn/relearn what it is that you and your partner experience as pleasurable touch.
- 2** To practice good quality – that is, specific – feedback about your preferences for touch.
- 3** To decrease self-consciousness and increase relaxation during intimate touch.
- 4** To practice being mindfully present during intimate touch.

We ask that you try this exercise 1-2 times this week.

The exercise:

- ⦿ Designed to take **one hour**, though some couples prefer to start with 30 minutes.
- ⦿ You should **make a date** for the exercise and create a comfortable and relaxed environment.
- ⦿ Make sure the room is warm enough; use music and candles if you like and ensure that you will not be interrupted.
- ⦿ Soft lighting can be helpful, especially if one of you feels self-conscious.

If you are comfortable with nudity, doing the exercise without wearing clothing leaves all areas of your body free for caressing. If covering some areas would help you feel more at ease, however, you can wear some underwear.

Sensate focus exercises provide a way to get used to having your partner see and touch areas of your body affected by cancer treatment. Some couples enjoy rubbing scented body oils into each other's skin as part of the touching.

In this exercise, you will take turns being the **giver** and **receiver** of touch.

- ⦿ It does not matter who goes first.
- ⦿ The person who is the **receiver** will lie on his or her stomach.
- ⦿ The **giver** spends at least 15 minutes touching the back of the receiver's body.
- ⦿ Then the **receiver** will turn over and be touched on the front side for another 15 minutes.

The amount of time is just a guideline, but remember that it is easy to skimp on time during the touch. Then you may not get enough practice in being "mindful" of the activity. Being "mindful" simply means having your mind focused on the activity at hand, not thinking too much, but simply experiencing the activity as fully as possible.

## Guidelines

- The **giver** will not touch the receiver's breast or genital areas. Touch is limited in this way to reduce any psychological pressure for the receiver to feel sexually excited.
- The **receiver's** job is to tune into the bodily feelings he or she experiences while being caressed. It may take 5 or 10 minutes just to let go of thoughts about disliking your body, boring your partner, or feeling guilty about household chores that you left undone. Each time you catch yourself thinking about something other than your physical experience of the touch, label your thoughts "thinking" and gently bring your attention back to the bodily sensations. Remember that being mindfully aware of sensation is a skill that takes practice.

## Giver Guidelines

- As giver focus on the pleasure you experience from touching and caressing.
- Notice what you like about your partner's body -- the smooth shapes or soft skin that you enjoy touching.
- Be creative in varying your touch. Include as many parts of your partner's body as you can (except for the breasts and genitals).
- Some touch can include sensual massage but other caressing can be light and teasing. You can touch your partner with your hair, with your hand, or add in occasional kisses.
- Try not to worry about supplying the kinds of caresses you know your partner likes the best. Your job is to explore a variety of kinds of touch and to enjoy your role as giver.

## Receiver Guidelines

- The receiver should be quiet for the most part. If you feel a need to ooh and aah to signal the giver about your likes and dislikes, you may distract yourself from focusing on sensation.
- If the giver uses a touch that tickles or feels unpleasant, you should speak up.
- Try to give your feedback in the form of a positive request, i.e., "I like it when you touch my feet, but that light touch tickles. How about more of a slow massage?" Feeling ticklish is most often a problem the first time you try the exercise, and usually decreases as you become more relaxed.

## After 30 Minutes

- When one person has had a turn for 30 minutes, take a break so that the receiver can tell the giver what was most enjoyable.
- Try to tell your partner **three specific** types of **touch** that you **enjoyed the most**. Be as explicit in describing the touch as possible, so that your partner would be able to touch you that way again.
- You can also tell your partner one touch that you liked the least. Keep the main focus on the positive

### Partner Feedback Examples

*I really liked it when you ran your palm very lightly down the center of my back.*

This kind of detailed feedback is good practice for later steps, when you can guide your partner in caressing your genital areas. It is usually more difficult to state your preferences for genital touch as clearly.

## Second Half of the Exercise

- ⦿ In the second half of the exercise, switch roles.
- ⦿ The giver becomes the receiver and vice versa.
- ⦿ Again, take a couple of minutes afterwards to give verbal feedback about the touches that felt especially pleasurable.
- ⦿ If one or both of you feel some sexual excitement, enjoy the pleasure.
- ⦿ Getting aroused is not a measure of the success of the exercise, however.

## A Word Of Caution

Occasionally, one partner finds the sensate focus exercise upsetting. Lying still and being touched may bring up bad memories of forced sexual touch in the past, for example if a person had been raped or molested. More commonly, one partner feels awkward about doing the exercise instead of having "normal" sex. Sometimes people who are chronically tense and pressured about time have great trouble relaxing and focusing on the touch. Occasionally one partner feels unbearably frustrated by touch that does not lead to orgasms or intercourse. It is important to keep the sensate focus exercise separate from more routine sexual touching, however. **IF THE EXERCISE BRINGS UP NEGATIVE FEELINGS, PLEASE STOP.** You may wish to contact the group facilitators to discuss.



## At the End of the Exercise

Discuss the following:

- ? What did you like most about the sensate focus exercise?
- ? What did you like least about the sensate focus exercise?
- ? Discuss any negative thoughts or feelings you had during the exercise.

Repeat the discussion to ensure that you understand specifically\* the:

- ⦿ Two specific types of touching your partner enjoyed the most.
- ⦿ One type of touching your partner did not enjoy.

*\* Should be specific enough that your partner knows exactly what to do to repeat the touch.*

## Alternatives For Sex Exercise\*

After prostate cancer treatment a lot of men have problems with erections; either not having erections at all, having erections that are not stiff enough for penetrative sex, erections that don't last as long as you want, or are simply unpredictable. Whether or not an aid that you choose works, it is helpful to have some alternatives when they *don't* work.

You and your partner may already have discussed a range of possible ways of having sex without an erection or various aids for achieving an erection.

- ⦿ In this exercise we ask you to independently complete the questionnaire on the next page, which includes a few possibilities that you may *not* have already considered.
- ⦿ No peeking at your partner's answers until he or she is done. In fact you might want to do it in different rooms or at different times.
- ⦿ After you have completed it, discuss your answers with your partner.



\*Adapted with permission from programs developed by Dr. Leslie R. Schover at the MD Anderson Cancer Centre and Drs. John Robinson, Andrea Beck and Lauren Walker, Alberta Health Services.



### The French have a saying . . .

*L' appétit vient en mangeant* or appetite comes while we eat.

The saying was probably the beginning of the “appetizer” course that we often eat with a multi-course meal. Sex might be considered a meal—at times we just want something small, an appetizer. At other times we might want something more that includes a wider selection of possibilities.

In the same way that we often enjoy eating when we are not particularly hungry, we can enjoy sexual activity when we are not particularly aroused.



## Alternatives for Sex Exercise

Complete the following table by circling the number (1 to 3) that indicates your willingness or not to try the choices.

1 = willing to try      2 = unsure      3 = not willing to try

In the next column write down a couple of reasons as to why you are or why you are not you willing to try the listed options.

Options for Erections	Willingness			Reasons
Oral Medications ( <i>Viagra /Cialis /Levitra</i> )	1	2	3	
Penile injections	1	2	3	
Vacuum device	1	2	3	
MUSE suppositories	1	2	3	
Inflatable penile prosthesis	1	2	3	

Complete the following table by circling the number (1 to 3) that indicates your willingness or not to try the choices.

1 = willing to try      2 = unsure      3 = not willing to try

In the next column write down a couple of reasons as to why you are or why you are not you willing to try the listed options.

**Other**

<b>Options for Sex</b>	<b>Willingness</b>			<b>Reasons</b>
Non-penetrative sex ( <i>Outercourse</i> )	1	2	3	
Sensual touch/erotic massage	1	2	3	
Oral sex	1	2	3	
Manual sex/mutual masturbation	1	2	3	
Vibrators	1	2	3	
Dildo/harness	1	2	3	
Erotica: movies/books	1	2	3	
Other	1	2	3	

After you have discussed your choices above with your partner, identify which 3 from the following two tables you **would like to try**, with 1 - 3 indicating first, second, and third choice.

1 = first choice    2 = second    3 = third choice

Then in the next column write down a couple of reasons you think this option would be helpful.

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<b>Options For Erections</b>	<b>1 - 3</b>	<b>Reasons</b>
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Oral Medications  
*(Viagra /Cialis /Levitra)*

Penile injections

Vacuum device

MUSE suppositories

Inflatable penile prosthesis

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<b>Other Options For Sex</b>	<b>1 - 3</b>	<b>Reasons</b>
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Non-penetrative sex  
*(Outercourse)*

Sensual touch/erotic massage

Oral sex

Manual sex/mutual  
masturbation

Vibrators

Dildo/harness

Erotica: movies/books

Other

## Optional Exercise

### Mindfulness Exercise

**Mindfulness** simply put is about **being present** in the moment. Much of the time we are not fully present in the moment. Rather we may be busy thinking about things that are not **now**, perhaps about tomorrow, a meeting, errands or some aspect of the future, to cite just a few examples. In order to enjoy physical sensation, touch or sex in this context, one needs to be aware of physical sensations. This is more challenging than it sounds. To provide a simple example, in the time that you have been reading this have you been aware of the bodily sensations of sitting (or whatever position you are in), the sensation of support underneath you or along your spine? As we bring your attention to these details you become more aware of them.

During sexual experiences we are often thinking about other things, our mind wanders rather than simply enjoying the sensations. In the context of prostate cancer, feelings of anxiety, frustration or sadness can become part of the sexual experience further decreasing your capacity to enjoy intimate touch.



#### Mindfulness

One exercise that can help you begin is simply to tune into what you are experiencing in your body from time to time, noticing for example your breath. Think about the acronym **STOP**:

- S**top
- T**ake a breath
- O**bserve (right in this moment what sensations, thoughts, emotions am I experiencing?)
- P**roceed

This week there are a couple of opportunities to **tune in** to sensation. This exercise is an audio recording that introduces a mindfulness exercise.

In this exercise you are invited to **focus on breath and body** sensation, noting thinking but simply labeling it as such and then returning your attention to your body.

Click on or cut and paste this link

<http://marc.ucla.edu/body.cfm?id=22>

and choose the exercise on the web-page that is 5 minutes as an introduction.



**Week Five**  
**Increasing Intimacy and Pleasure**

## Week Five

### Increasing Intimacy & Pleasure

*It is important to remember  
there is no one right answer or attitude  
to have toward sex.*

Over the past few weeks we have been focusing on the values that each of you hold about intimacy and sex and alternatives for being sexual and having intercourse in the presence of erectile dysfunction. In the week two “Values” exercise you may have found that you and your partner had very similar values with regard to how you thought about sex (valuing it more for physical pleasure or more for intimacy or a balance) *or* you may have found that you thought about that quite differently; for example one of you valuing it more for physical pleasure and the other more for intimacy. It is important to remember there is no one right answer or attitude to have toward sex. What *is* important is to understand your partner’s values as well as your own so that you can address both sets of values in whatever you do.



**Intimacy** is a feeling of belonging that forms over time through shared experiences.

For many people, intimacy grows out of simply being together in the same space. For others, intimacy is experienced the most in sexual ways.

Ultimately, it is sharing something with someone that you share with no one else.

Last week we introduced you to the first level of the Sensate Focus exercise as another option for learning (or re-learning) what it is that each of you find pleasurable about intimate touch. You may have understood this very well before prostate cancer but often things are different after.

If you did not get to practice the sensate focus exercise at least a couple of times it is best not to move on to the next level (Sensate Focus II) until you have experienced success with level I.



## Week Five Activities

The emphasis this week is on communication, with an exercise called “Accepting Influence”. The research suggests that it is not the fact of sexual intimacy that determines whether or not couples are satisfied. Rather, it is the quality of the communication that is key to satisfaction. So for this week we offer you two activities that we hope you will find helpful:

There are two activities for Week 5. Both are required.

Required:

### 1. **Accepting Influence Exercise**

Our openness to our partner’s attempts to influence us is a key factor in relationship satisfaction. This exercise helps you to consider just how open you are!

(30 minutes)

### 2. **Sensate Focus II Exercise**

This is the next step in the sensate focus exercise series.

(60 minutes)



## Accepting Influence Exercise

For several decades, John Gottman, a marital researcher, has studied what makes marriages work. He has identified that “**marriage masters**” are very good at **two behaviors**: one is that **men accept their partners’ input**—that is they let their spouse influence decisions rather than ignoring her thoughts and feelings. When men don’t accept their partners’ influence on a regular basis they tend to have power struggles, which increase their conflict and unhappiness. This is one pattern that seems to be more gendered: women tend to accept the influence of their male partners more readily than the other way around.

However, the second behavior that predicts relationship satisfaction is that **female partners soften their approach** when bringing up relationship problems. She uses ‘I’ statements, is more inclined to use humor, and refers to feelings. In Gottman’s 30 plus years of studying marriages, he found that the woman raised 97% of the relationship issues and in general is the relationship caretaker. Of course this is just the general pattern and as with everything there are exceptions.

Gottman also described 4 patterns of communication that are problematic in relationships. Although these patterns can occur occasionally in a relationship, when they are common they are harmful. He calls these patterns **the Four Horseman**. In general, relationships are more likely to thrive when there is a ratio of no more than one negative exchange (such as the one’s below) for every five positive exchanges.

### The Four Horsemen

#### Horseman 1 - Criticism

Complaints are common and specific to an issue whereas criticism is more global and speaks to a person’s character. A complaint becomes a criticism when one can hear – explicitly or implicitly - the question “what is wrong with you?”

#### Horseman 2 - Contempt

An extreme form of criticism that often involves sarcasm, sneering, and cynicism.

#### Horseman 3 - Defensiveness

A way of turning a complaint back on to your partner

#### Horseman 4 - Stonewalling

One partner (men are more often stonewall-ers) where the person literally turns into a silent stonewall in the face of the spouse’s attempts to get engagement around an issue.

In this exercise, there are two parts:

1

First is a questionnaire to evaluate your usual pattern of accepting influence.

2

In the second, we offer a “desert island” exercise to test out your ability to accept influence and use soft approaches.



## Accepting Influence Exercise\*

### Part I

- |    |   |   |   |
|----|---|---|---|
| 1  | I am really interested in my spouse's opinion on our basic issues.              | T | F |
| 2  | I usually learn a lot from my spouse even when we disagree.                     | T | F |
| 3  | I want my partner to feel that what they say really counts.                     | T | F |
| 4  | I generally want my spouse to feel influential in this marriage.                | T | F |
| 5  | I can listen to my partner, but only up to a point.                             | T | F |
| 6  | My partner has a lot of basic common sense.                                     | T | F |
| 7  | I try to communicate respect even during our disagreements.                     | T | F |
| 8  | If I keep trying to convince my partner, I will eventually win out.             | T | F |
| 9  | I don't reject my spouse's opinions out of hand.                                | T | F |
| 10 | My partner is not rational enough to take seriously when we discuss our issues. | T | F |
| 11 | I believe in lots of give and take in our discussions.                          | T | F |
| 12 | I am very persuasive and usually win arguments with my spouse.                  | T | F |
| 13 | I feel I have an important say when we make decisions.                          | T | F |
| 14 | My partner usually has good ideas.  | T | F |
| 15 | My partner is basically a great help as a problem solver.                       | T | F |
| 16 | I try to listen respectfully, even when I disagree.                             | T | F |
| 17 | My ideas for solutions are usually much better than my spouse's.                | T | F |
| 18 | I can usually find something to agree w/ in my partner's position.              | T | F |
| 19 | My partner is usually too emotional.  | T | F |
| 20 | I am the one who needs to make the major decisions in this marriage.            | T | F |

\* Adapted from Gottman & Silver (1999)

## Scoring the Exercise

- 1 Give yourself 1 point for each (T)true answer, *except* for questions 5, 8, 10, 12, 17, 19, 20.
- 2 Subtract one point for each (T)true answer to questions 5, 8, 10, 12, 17, 19, 20.

### If you scored 6 or above

- This is an area of strength in your marriage.
- You willingly ceded power to your spouse, a hallmark of an emotionally intelligent marriage.

### If you scored below below 6

- Your marriage could stand some improvement in this area.
- You are having some difficulty accepting influence from your spouse, which can cause dissatisfaction in a marriage.



### The Akido Principle

The Akido Principle or - Yield To Win states “one does not win an argument by countering everything [their] partner says. If you are a brick wall, things will only escalate.

In fact, what you have to do to win is to get your partner to start saying *yes*, and the only way to do that is to *yield* to those parts of your partner’s point of view and argument that seem reasonable to you.”

In doing this, you achieve something powerful. The two of you become a team, working together to solve your shared problem!

The Gottman Institute Relationship Blog



## Accepting Influence Exercise

### Part II

Imagine that your cruise ship just sank in the Caribbean, and you awaken to find yourself on a tropical desert island. Gilligan and Ginger are nowhere in sight. The two of you are the only survivors. One of you is injured. You have no idea where you are. You think there is some chance people may know of the ship's distress but you are not sure. A storm appears to be on the way. You decide you need to prepare to survive on this island for some time and also to make sure you will be spotted by a rescue party. There is a bunch of stuff from the ship on the beach that could help you, but you can only carry ten items.

### Your Mission

1

Each of you writes down on a separate piece of paper what you consider the 10 most important items to keep from the inventory list below, based on your survival plan.

Rank-order the items based on their importance to you. Give the most crucial item a 1, the next most crucial item a 2 and so on. There are no right or wrong answers.

### Ship's Inventory

- |  |  |
|--|--|
| <input type="checkbox"/> Two changes of clothing             | <input type="checkbox"/> Cook-stove and lantern                  |
| <input type="checkbox"/> AM-FM and short wave radio receiver | <input type="checkbox"/> Long rope                               |
| <input type="checkbox"/> Ten gallons of water                | <input type="checkbox"/> Two walker talkie sender receiver units |
| <input type="checkbox"/> Pots and pans                       | <input type="checkbox"/> Freeze dried food for seven days        |
| <input type="checkbox"/> Matches                             | <input type="checkbox"/> One change of clothing                  |
| <input type="checkbox"/> Shovel                              | <input type="checkbox"/> One fifth of whiskey                    |
| <input type="checkbox"/> Backpack                            | <input type="checkbox"/> Flares                                  |
| <input type="checkbox"/> Toilet paper                        | <input type="checkbox"/> Compass                                 |
| <input type="checkbox"/> Two tents                           | <input type="checkbox"/> Regional aerial maps                    |
| <input type="checkbox"/> Two sleeping bags                   | <input type="checkbox"/> Gun with six bullets                    |
| <input type="checkbox"/> Knife                               | <input type="checkbox"/> Fifty packages of condoms               |
| <input type="checkbox"/> Small life raft with sail           | <input type="checkbox"/> First-aid kit with penicillin           |
| <input type="checkbox"/> Sunblock lotion                     | <input type="checkbox"/> Oxygen tanks                            |

**2**


Share your list with your partner.

Together come up with a consensus list of ten items. That means talking it over and working as a team to solve the problem together. Both of you need to be influential in discussing the problem and in making the final decisions.

**3**

When you are finished, it is time to evaluate how the game went. You should both answer the questions below.

- 1** How effective do you think you were at influencing your spouse?
  - a. Not at all effective
  - b. Neither effective nor ineffective
  - c. Somewhat effective
  - d. Very effective
  
- 2** How effective was your spouse at influencing you?
  - a. Not at all effective
  - b. Neither effective nor ineffective
  - c. Somewhat effective
  - d. Very effective
  
- 3** Did either of you try to dominate the other, or were you competitive?
  - a. A lot
  - b. Somewhat
  - c. A little
  - d. Not at all
  
- 4** Did you sulk or withdraw?
  - a. A lot
  - b. Somewhat
  - c. A little
  - d. Not at all

- 
- 5** Did your partner sulk or withdraw?
- a. A lot
  - b. Somewhat
  - c. A little
  - d. Not at all
- 6** Did you have fun?
- a. Not at all
  - b. A little
  - c. Somewhat
  - d. A lot
- 7** Did you work as a team?
- a. Not at all
  - b. A little
  - c. Somewhat
  - d. A great deal
- 8** How much irritability or anger did you feel?
- a. A lot
  - b. Some
  - c. A little
  - d. None
- 9** How much irritability or anger did your partner feel?
- a. A lot
  - b. Some
  - c. A little
  - d. None
- 10** Did you both feel included?
- a. Not at all
  - b. A little
  - c. A reasonable amount
  - d. A great deal

## Scoring Your Mission

Give yourself

- 1 point for each **a** answer
- 2 points for each **b** answer,
- 3 points for each **c** answer
- 4 points for each **d** answer

Tally your score

### If you scored over 24

- You are doing well as a team

### If you scored 24 or below

- You might benefit from doing a bit more work on **accepting influence** and sharing power.
  
- The first step is the recognition that this is a problem area, accepting your share of the responsibility in the difficulty, and recruiting your spouse to help in a plan to shift your behavior. Ask him or her to (gently) point out when you are being unwittingly domineering.



## Accepting Influence

Learning to hear the others' point of view takes practice. We have all had the experience of going around in circles and feeling as though we are talking to a **brick wall**. It can be very frustrating and become a serious habit that **maintains distance** in the relationship!

Perhaps you are aware of feeling like a brick wall yourself at times? This happens in most relationships from time to time. If you are not open to being influenced consistently, it can result in your partner feeling unimportant or not valued—definitely a recipe for distance and dissatisfaction!

Part of being in an intimate relationship requires **being open to the others' point of view**, to their hopes, fears, and dreams. Allowing our partner to influence us, to change our minds, give us new insight can strengthen a relationship. If we feel we are contributing to our partners' life we feel wanted, needed, valued and loved.

## Sensate Focus II Exercise

Sensate Focus II has the same framework as the first exercise; taking the **giver** and **receiver** roles and spending an hour on sensual touch.

The main difference in Sensate II is that the giver can touch any part of the receiver's body, including the breast and genital areas.

- ⦿ Caressing of those more "sexual" parts of the body should make up only a brief part of the overall exercise, however, and should include only light and exploring touch.
- ⦿ Touching to the point of orgasm is still not included.
- ⦿ The idea is for the giver and receiver to enjoy genital caressing without expecting it to be highly sexually exciting.
- ⦿ It does not matter whether or not erections or vaginal lubrication are triggered.

One other change is that the receiver can guide the giver more directly during the exercise, either by explaining in words the kind of touch preferred, or by guiding the receiver's hand.

- ⦿ The giver can put his or her hand over the receiver's hand and show the receiver exactly the type of touch that would give pleasure.

- ⦿ An alternative is for the receiver to touch him or herself, with the giver's hand riding piggyback. Then the giver can see and feel exactly how the receiver prefers to be touched.
- ⦿ Guiding a partner's hand is especially helpful with genital caressing, since it is often difficult to explain desires in words.

Discuss the questions below each time you do the exercise:

- ? What did you like most about the sensate focus exercise?
- ? What did you like least about the sensate focus exercise?
- ? Discuss any negative thoughts or feelings you had during the exercise.

Repeat the discussion to ensure that you understand specifically\* the:

- 1 Two specific types of touching your partner enjoyed the most.
- 2 One type of touching your partner did not enjoy.

*\* NB This should be specific enough that your partner knows exactly what to do to repeat the touch. Try checking to see if he/she does understand.*



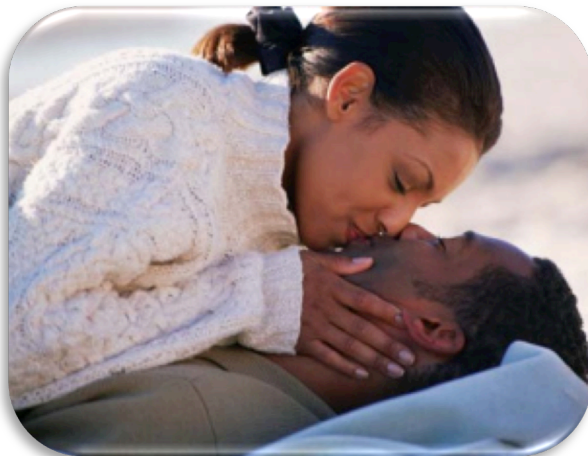
## **Week Six**

### **Relationship Resiliency**

## Week Six

### Relationship Resiliency

Resilience encompasses the processes that allow for individuals, families and/or couples to endure significant challenges and adapt positively in crises. It is the ability to respond. To be resilient is an active and continuous process in which, instead of succumbing to difficult times, one rebounds. One's beliefs, relationships and patterns of communication processes all contribute to resilience. For example, having a belief system that allows you to find meaning and learn from hardships, contributes to resilience. Resilience is also promoted by open and effective communication, namely the desire to problem-solve as a couple. Being flexible, willing to learn and open to change all enhance resilience. Furthermore, couples that are able to engage in conversations about their relationship, sexual or otherwise, typically manage major life difficulties far better than those who do not.



One key factor to resilience is that one does not just return to the previous state experienced before a difficult experience, but rather one becomes stronger and moves forward past the challenge and into a new and better place in their relationships. For a time thought, there is a 'moving through' stage where one does not know if pushing through will result in a reward greater than the cost of struggling. However, with persistence couples can emerge on the other side stronger and wiser despite, and perhaps even because, of what one experienced. The survival of a marriage as a result of, and despite, stressors has been termed resilience.

In studying how couples manage the impact of prostate cancer on their sexual relationship, Beck, Robinson, and Carlson (in press) have identified that a key aspect is the value that couples place on sex - something we focused on in the “values” exercise of week three. If couples are motivated to have sex as much (or more) because of the sense of intimacy, as opposed to being more focused on the physical or pleasure aspects, they seem more satisfied with their sexual relationship. This makes sense, no matter what the physical outcome of the sexual experience; the emotional satisfaction can still be high.

During this course we have offered you a number of exercises and opportunities to engage in “relationship” talk with your spouse and with other couples.

As we come to the conclusion of the program, we have two exercises that we hope will be helpful. One focuses on resiliency, and the second asks you to think about the changes that you have accomplished and ways to maintain these.

### Notes

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# Week Six Activities

## Relationship Resiliency

We are now in the last week of our program!

This week there are two activities we ask you to do. Both are required

### 1 Creating a Resilient Couple Story

This exercise focuses on relationship resiliency.  
(30-60 minutes)

### 2 Planning to Maintain Change

This exercise asks you to consider what you have learned going through this program as well as any changes you have made, and might want to maintain.  
(20-30 minutes)



## Creating a Resilient Couple Story\*

*The stories you tell yourselves and others about your relationship and the challenges that you have weathered are important sources of strength and healing.*

The stories you tell yourselves and others about your relationship and the challenges that you have weathered are important sources of strength and healing. We shape stories by what we choose to notice and speak about and what we ignore; then stories shape us. Sue Johnson offers a version of this exercise in her book *Hold me Tight*.

In this exercise, together you will create a story of weathering prostate cancer and maintaining (or reclaiming) intimacy. Your story should highlight what got you through, how you got stuck (if you did), how you got back on track and something about how new learning (or affirmation of what you already knew) influences your story into the future.



\*Adapted from Johnson (2012)

To help you get started, discuss . . .

- 1 Three words or images that describe your relationship at its low points (for example: distant, angry, like a thunderstorm, like two ships passing in the night).
- 2 Two action words that capture how each of you contributed to it being worse or to getting stuck and unstuck (being stubborn; being silent; using humor to get unstuck).
- 3 A key moment when you learned something new about yourself, your partner or your relationship that helped.
- 4 Three words, emotions or images that express your relationship right now.
- 5 One thing that you are doing to keep your connection with each other open and growing (for example, talking more, playing together more).
- 6 A metaphor or motto for your relationship (e.g. we are a team; when we stick together we are stronger).

## Planning to Maintain Change

Part of ending the group is thinking about what you have gained, how you will maintain it as well as what you might do if you get stuck in future what you will do.

Please complete the questions below independently and then discuss with your partner.

The most important thing I have gained from this program is . . .

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I think the most important thing my partner has gained is . . .

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One thing that has changed in our relationship as a result of the program is . . .

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One thing that has changed for me sexually is . . .

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One thing that has changed for my partner sexually is . . .

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One thing I have learned about my partner during the program is . . .

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One thing I think my partner has learned about me is . . .

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One activity that we did during the program that we should repeat “as needed” in the future is . . .

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One thing that we do better now than before the program is . . .

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If we found ourselves slipping into unhelpful behaviors in the future one thing we could do to get back on track is . . .

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McLeod, Robinson, Wassersug, Fergus, & Ollife  
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