## Canadian Institutes of Health Research



## Research Profile - Sex After Survival

Mindful meditation helps female cancer survivors regain sexual function



**Dr Lori Brotto** 

Loss of arousal and reduced ability to enjoy sex are common complaints among women who have undergone treatment for gynecologic cancers. But according to Dr. Lori Brotto at the University of British Columbia, mindful meditation could help make sex pleasurable again for many of these women.

Treatments such as radical hysterectomy and radiation can leave scarring, damage nerves, or lead to pain that can reduce a woman's sexual function, including ability to become aroused, reach orgasm and more.

"Radiation can have a profoundly negative impact on the vaginal opening and lead to genital pain. This makes any kind of penetrative activity painful and difficult, if not impossible," says Dr. Brotto.

Chemotherapy contributes to problems too, especially if it decreases or shuts off ovarian function. This reduces the levels of various hormones the ovaries produce and secrete and affects both mood and sexual drive.

Cancer treatment can also have negative psychological impacts on sexual function, according to Dr. Brotto.

For example, a younger woman who undergoes a hysterectomy is suddenly faced with infertility. This can affect her sense of identity as a woman and make her feel less attractive or desirable.

But this doesn't mean women can't return to enjoying a sexual life at some level. This is where Dr. Brotto and her team come in. In an early study with female cancer survivors, a variety of standard sex-therapy techniques and mindful meditation were packaged into one treatment and tested.

Findings suggested that mindful meditation was helpful. This form of meditation has roots in Buddhism and has been used for a variety of medical and psychiatric conditions.

"It can be defined as a state of present moment non-judgmental awareness, and in this case helps patients tune in very closely to their sensations," says Dr. Brotto.

By focussing on sensations at the present moment, patients can push aside concerns about attractiveness or negative aspects of their dis"It's a combination of letting go of many of the negative judgments they have: 'I'm not a sexual person,' 'I'm incapable of being sexual.' It encourages them to tune in to existing sensations that are there. Many women notice that when they start to pay attention this way, they actually pick up or notice sensations that they otherwise weren't aware of."

In a more recent study, 31 cervical and endometrial cancer survivors ranging in age from 31 to 64 were assigned either to three 90-minute mindfulness-based cognitive behavioural therapy (CBT) sessions or to a control group that had to wait two months before undergoing this intervention.

## At a Glance

**Who** – Dr. Lori Brotto, associate professor of obstetrics and gynecology, University of British Columbia.

**Issue** – Women with gynecological cancers often experience diminished sexual enjoyment as a result of their treatments.

Approach – Dr. Brotto and her team are using a blend of mindful meditation and cognitive behavioural therapy (CBT) to help female cancer survivors focus on physical sensations and let go of negative thought patterns during sex.

Impact – The women undergoing mindfulness-based CBT reported improvements in their sexual function.

The CBT portion included components that encouraged women to talk about sexuality and the changes they'd experienced with their partner. "It was very specifically sexual communication. How to talk about their sexual changes, how to make adjustments in their sexual life. Say, if there is genital pain, what could they do around that," says Dr. Brotto.

Subjects were evaluated for sexual response, sexual distress and mood, and also underwent sexual arousal tests. Participants were assessed before the intervention, one month after starting, and 6-months following treatment.

In the first two months, the women receiving mindfulness-based CBT reported improvements in sexual function, whereas women in the control group had no improvement during that time. Many participants reported the mindful meditation intervention was especially helpful, and felt the technique could help them in other aspects of their lives too.

The next step for Dr. Brotto and her team is to create a version of the intervention that could be taught or used online for a wider range of patients.

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- Dr. Lori Brotto, University of British Columbia

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