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## LEADING COMMENT

# Mindfulness in sex therapy: Applications for women with sexual difficulties following gynecologic cancer

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**ABSTRACT** *Mindfulness practice is an ancient tradition in Eastern philosophy that forms the basis for meditation, and it is increasingly making its way into Western approaches to health care. Although it has been applied to the treatment of many different mental health disorders, it has not been discussed in the context of therapy for sexual problems. In a previous qualitative study of female meditation practitioners who did not have sexual concerns, mindfulness practice was found to be associated with greater sexual response and higher levels of sexual satisfaction. We have recently developed a psychoeducational program for women with sexual arousal disorder subsequent to gynecologic cancer and have included a component of mindfulness training in the intervention. In this paper, we will attempt to provide a rationale for the use of mindfulness in the treatment of women with sexual problems, and will include transcript excerpts from women who participated in our research trial that illustrate how mindfulness was effective in improving their sexuality and quality of life. Although these findings are preliminary, they suggest that mindfulness may have a place in the treatment of sexual concerns.*

**KEYWORDS:** *female sexual arousal disorder; cognitive therapy; individual therapy*

### **What is mindfulness?**

Mindfulness practice is an ancient tradition in Eastern philosophy and spirituality, and is increasingly making its way into Western approaches to health care. It is defined as being in a relaxed but attentive state (Austin, 1998). In “The Miracle of Mindfulness”, mindfulness guru Thich Nhat Hanh describes it as: “the miracle by which we master and restore ourselves . . . it is the miracle which can call back in a flash our dispersed

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mind and restore it to wholeness so that we can live each minute of life” (Hanh, 1976, p. 15). An essential component of thoughtful meditation, mindfulness can be practiced by any individual at any time. Hanh encourages the experience of mindfulness during daily, mundane tasks that one would otherwise prefer to defer. For example, “If while washing dishes, we think only of the cup of tea that awaits us, thus hurrying to get the dishes out of the way as if they were a nuisance, then we are not ‘washing the dishes to wash the dishes’. What’s more, we are not alive during the time we are washing the dishes. In fact we are completely incapable of realizing the miracle of life while standing at the sink... While drinking the cup of tea, we will only be thinking of other things, barely aware of the cup in our hands. Thus we are sucked away in to the future and we are incapable of actually living one minute of life.” (Hanh, 1976, p. 5).

Hanh teaches the importance of the breath. Because breathing is a tool that can prevent “dispersion”, it is an essential part of being mindful and breathing itself is mindfulness. In his 8-week mindfulness group seminars at the University of Massachusetts Medical Center, psychologist Jon Kabat-Zinn focuses the first two of his eight sessions on teaching patients with chronic pain or disability the importance of being aware of the breath and how this can be an active and alert experience. Hanh also provides a number of specific exercises to practice being mindful, such as following the length of the breath, counting your breath, and spending a day being mindful.

### **Applications of mindfulness to Western medical and psychiatric health care**

Although historically an Eastern practice, particularly invoked in meditation and yoga, mindfulness has increasingly made its way into Western approaches to health care. Kabat-Zinn’s meditation groups for patients with chronic illness and pain have been adapted by numerous others around the world for problem-specific patients. Their 8-week meditation program requires participants to practice mindfulness meditation 45 minutes per day up to 6 days per week. In examining their treatment outcome data from this program, there is a 76% compliance rate for completing the intensive program (Kabat-Zinn & Chapman-Waldrop, 1988) and there are significant reductions in pain, other physical symptoms, mood disturbance, anxiety, and depression that are largely maintained at a 15-month follow-up evaluation (Kabat-Zinn *et al.*, 1985). Another systematic review of mindfulness-based stress reduction for cancer patients found improved mood, sleep, and stress reduction (Smith *et al.*, 2005). Unfortunately, the lack of a control group in these studies precludes the estimate of a precise efficacy rate.

Mindfulness has been applied in varying degrees to different populations of individuals with psychiatric illness such as Borderline Personality Disorder (Linehan, 1993a), depression (Segal *et al.*, 2002), substance abuse (Marlatt *et al.*, 2004), eating disorders (Terence, 2004), anxiety disorders (Gratz *et al.*, 2005), psychosis (Chadwick *et al.*, 2005), and child behavior problems (Dumas, 2005), in addition to several other areas. For example, mindfulness is one of the four core modules patients are taught when receiving Dialectical Behaviour Therapy (for Borderline Personality) (Linehan, 1993b). In this module, patients are encouraged to

use mindfulness to achieve what Linehan refers to as “Wise Mind”, or the state of experiencing an emotion while simultaneously not judging or becoming immersed in it. In “Mindfulness Based Cognitive Therapy”, developed by Segal *et al.* (2002), cognitive therapy is combined with training in mindfulness to teach the individual with depression to view depressive thoughts as just thoughts – rather than as a reflection of reality. Mindfulness based cognitive therapy has been shown to effectively reduce relapse of depression by 50% (Ma & Teasdale, 2004), and may specifically target suicidal behavior (Williams *et al.*, 2006). In general research that has incorporated mindfulness into treatments of mental illness and behavior problems has found beneficial effects on various aspects of mood, well-being, and quality of life, and participants report enjoying the experience.

### **Mindfulness and sexuality**

Some have argued that sexual dysfunctions are related to distractions, anxieties, inhibitions, self-criticism about sexual performance, and lack of attention to the present and on sexual stimuli (Barlow, 1986; Dove & Wiederman, 2000; Masters & Johnson, 1970). Thus, it is conceivable that mindfulness approaches may have utility for this particular group given that meditators strive to experience the “here and now” thus opening the pathway to finding meaning and happiness (Maddux, 1997). However, compared to other aspects of medical and mental health, mindfulness has not made its way into the sexuality literature. One recent paper examined the relationship between mindfulness and marital satisfaction. The authors conceptualized mindfulness somewhat differently than what is being forwarded in this paper, and they defined it as “the process of actively drawing novel distinctions . . . that results in a heightened awareness of alternative perspectives” that might explain a partner’s behavior (Burpee & Langer, 2005). The ability to understand a partner’s perspective (i.e., being “mindful” in the authors’ definition) was significantly associated with greater marital satisfaction (Burpee & Langer, 2005). Although mindfulness in this study was not thought of as we are conceptualizing it presently (i.e., as the practice of or state of awareness), the authors felt that the practice of shifting perspectives is an important example of mindfulness, and their findings suggest that this may be essential to a couple’s satisfaction.

To the best of our knowledge, the only study that examined the relationship between sexuality and mindfulness is an unpublished doctoral dissertation by Mayland (2005) who conducted a qualitative study of 10 women who were regular practitioners of mindfulness through meditation. All participants in this study had regularly practiced meditation for a minimum of 5 years and all participants’ partners were also regular practitioners of meditation. She found, through a series of in-depth qualitative interviews, that several women described integrating mindfulness into their sexual activity such that it allowed them to be acutely aware and present during sexual encounters. Several spoke of a heightened awareness of genital arousal and feeling like they had a greater understanding of their sexuality since beginning meditation practice (Mayland, 2005). Finally, several of the women spoke about an ability to “let go” of sexual expectations, such as orgasm, during sexual activity, and

as a result, were more sexually satisfied. Although this study was only conducted in sexually healthy women who were already regular practitioners of meditative mindfulness, the results have promise for women with sexual concerns and suggest that teaching women how to practice mindfulness in and out of sexual scenarios may be associated with a beneficial effect on their sexual responses.

### **Incorporating mindfulness into a psychoeducational treatment for women with sexual arousal disorder**

Given this growing literature which shows the benefits of mindfulness on several aspects of mood and quality of life, and the findings from the qualitative study showing a relationship between meditation practice and sexual satisfaction, we included a component of mindfulness into the development of a psychoeducational program (PED) for women experiencing sexual difficulties following gynecologic cancer. The 3-session PED and its efficacy, in terms of quantitative outcomes, have been described elsewhere (Brotto *et al.*, 2006), but here we will focus on some of the results from our qualitative analyses of the data. Briefly, the PED was developed to specifically target sexual arousal complaints in women with radical hysterectomy due to cervical or endometrial cancer. Twenty-two heterosexual women currently in a relationship participated in our pilot study and met with the clinician for 90 min in each of four sessions, each of which was spaced one month apart. Between sessions women were encouraged to practice a number of homework exercises that were outlined on participant handouts and included sexual as well as mindfulness exercises. Mindfulness was one of five components of the PED and was introduced in the second PED session with the following exercise as an illustration:

“Begin by closing your eyes and focusing your attention on your sense of touch. Be aware of the point at which your thighs touch the chair. Notice what that feels like. Now move your attention to your hands and what they are touching. What temperature or texture are your fingers sensing? Describe these sensations to yourself. For the next minute try to move your attention to different parts of your body and notice what kinds of physical sensations are there, for example, what texture and temperature are present? Do you notice any tightness or pain? [pause for one minute]. Next I would like you to move your attention to the sense of sound. What different sounds do you hear? Try to label each and notice differences or similarities between different sounds. Try to hold your attention on sounds for the next minute. If you are distracted by troubling thoughts, just notice them and move your attention back onto noticing sounds.” (Brotto & Heiman, 2003)

After the in-session exercise, women were validated for their efforts and encouraged to practice this for at least 5 min each day, at first, and then to gradually increase the amount of practice on a daily basis. After feeling confident about her ability to be mindful in non-sexual places in her life, she was encouraged to build mindfulness training into her sexuality exercises. We discussed mindfulness in the context of

building “positive sexual awareness” given that many women following cancer experience their bodies in a negative way (Andersen *et al.*, 1997), and as a result, are distracted and dissatisfied during sexual encounters. She was reminded that she could use the power of her awareness to bring her into the “here and now”, and not judge or get “pulled into” distressing thoughts and emotions about her negative body image or how her sexuality has changed since receiving the cancer diagnosis.

For example, one exercise involved having women use a vibrator to elicit some genital arousal and then practice being mindful to all of the sensations taking place during that particular stimulation. Women were encouraged to use all of their senses to tune into and experience this brief increase in arousal and to stay with those feelings “in the present”.

Specifically for women who have experienced a gynecologic cancer, there may be a tendency to become distracted with noticing a scar, mourning the loss of genital arousal or desire, or concerns that a partner no longer finds her sexually attractive (Andersen & Wolf, 1986). In addition, being mindful of existing arousal responses can be very reassuring for women who believe that “my sexual response is completely gone”. In these instances, the ability to be mindful and to focus on positive sexual stimuli while not being distracted by unpleasant thoughts or affect may be a powerful tool. Moreover, identifying sexual responding that still does occur can be powerfully validating for women and some can use mindfulness to boost the response to an even greater level (Brotto *et al.*, 2006).

It is obvious that we included a very specific application of mindfulness in our pilot study and we did not teach mindfulness training in the intensive manner that is included in several other programs for psychiatric problems or chronic medical illness. In our pilot study, we conducted qualitative assessments using content analysis (Van Manen, 1990). Women were specifically invited to provide feedback on the different components of the PED and provide narrative stories about how and if the different exercises made an impact in her life and on her sexuality. One of the recurrent themes from these interviews was the conclusion that the segment on mindfulness was particularly helpful as it encouraged women to tune into remaining genital arousal that they otherwise believed was gone after their cancer treatment. By being mindful of existing arousal, women believed that they were able to enjoy and therefore augment their sexual arousal to an even higher level. Some women commented that through the self-observation exercises, and through practicing of mindfulness, they were able to view their bodies in a more positive light as exemplified in the following excerpt:

[Patient 1] “It was a transference of being aware to wanting to do that . . . to wanting to look. And that was a much more positive thing”.

Some women noted that by using mindfulness, they were able to focus on sexual arousal and responsivity that they believed was completely absent after their hysterectomies:

[Patient 2] “When you go through a change like this there’s that message in your mind that your body has failed you. And you don’t know if that is going to

happen again. But one bit of learning out of all this is, ‘OK, my body has changed, but it’s not dead. Life is not over’.”

[Patient 3] “Well, thinking about the focusing even and thinking about it beforehand and I’ve got a target date, I’ve got the weekend, and . . . in the past it was like well, hurry up and put the laundry away, because we’re gonna go to bed in a minute, you know (laughs). I am getting um . . . better at just realizing that I need to put all of that away, an hour beforehand! And not just the moment (laughs) beforehand. And it does make a huge difference.”

[Patient 4] “I just try to pay more attention you know whether I’m in the bath or the shower or whatever, I try to pay attention, you know, the water and the soap, so that it does get easier. Just, just taking a couple of minutes in the shower and you know the water is warm, and you know, just, just, that, that part of it, instead of ‘I gotta get out of the shower and get to work’.”

When asked about which of the components of the PED program (which included education, cognitive therapy, behavioral therapy, relationship exercises, pelvic floor muscle strengthening, and mindfulness) was the most effective, women unanimously felt that the mindfulness segment was most helpful. In fact, all stated that they wished they had learned the practice much earlier in their lives. Some commented that they believed that practicing mindfulness may have in fact evaded some of the sexual health changes that took place following the discovery of cancer.

[Patient 5] “Probably the mindfulness [was most effective]. I mean that, that is something that I have found, I mean because I can do it anytime. It’s not something that, that has to be a big, big deal. And that’s, that is a lot, and I know everybody is busy, but I mean when you’re busy, even like driving or whatever, you can do the mindfulness, I can do the mindfulness thing and, and actually make it work for me, you know. So the mindfulness is probably, was the biggest – pay attention to what you’re doing.”

[Patient 6] “Well, as bad as I had been at practicing the mindfulness and that sort of thing, that really was helpful. It seems incredibly self evident that when you’re having sex perhaps that you should think about the fact that you’re having sex and not wonder if the parakeet is loose. Um, (laughter), but it helps to have those things reinforced (laughs). Uh, so, you know, you know, it’s um, and it’s probably, and especially useful for women like me who are getting older and who are finally, uh having a last minute desire, to . . . to teach you how to deal with this.”

### **Similarities between mindfulness and sensate focus**

The reader may discern similarities between these mindfulness instructions on the one hand, and excerpts with sensate focus exercises on the other. The

latter are designed to teach couples to increase their concentration on the sensual aspects of touching, and reducing anxiety, especially body and sexuality-related anxiety, by focused attention on present sensations and experiences. What they share in common is a focus not on the end product but on the present moment. Indeed the principles of the two practices overlap, and one can see aspects of mindfulness (as well as desensitization) in sensate focus exercises. However, unlike sensate focus, mindfulness is encouraged as a practice in all situations, not only sexual ones. Mindfulness also does not require the presence of a partner which is advantageous for single women or women who experience sexual concerns outside the context of a relationship. In our PED pilot study, we encouraged women to practice at least 5 min of mindfulness in non-sexual situations every day in addition to the mindfulness practice during sexual exercises.

### Future use of mindfulness

We are currently expanding our psychoeducational program for women with sexual complaints resulting from non-gynecological cancers. In addition, we are conducting focus groups of women with advanced stage ovarian cancer, many of whom are in the palliative phase of the disease. Sexuality remains an important part of quality of life among this group (Lemieux *et al.*, 2004) and we hope to adapt the sexuality PED and incorporate mindfulness teaching for women with advanced cancers. As currently included in our PED intervention, mindfulness is only one of several components and given the short number of sessions, only limited amount of time is spent on mastery of the practice. It might prove effective to adapt the model used at the University of Massachusetts for patients with chronic pain, to women who have sexual concerns. Finally, the mechanisms by which mindfulness was effective at improving sexuality in this group is unclear. Shapiro and colleagues (2006) have argued that it is intention (i.e., why one is practicing), attention (i.e., observing one's moment-to-moment experiences), and attitude (i.e., the qualities one brings to attention such as absence of judgment) that are the fundamental components of mindfulness and that variance in these domains can account for differences in experiences between individuals. Thus, future attempts to incorporate mindfulness into sex therapy may specifically target intention, attention, and attitude through more explicit and/or didactic means. Although our data are only very preliminary, it is clear to us that mindfulness has an application in sexual health and we look forward to seeing a growing body of literature on this topic in the future.

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