

SEX MATTERS!

SEXUAL LIFE IMPROVEMENT, INC.

~ From the desk of Shelley L. Imholte, PhD, LCSW, MSW, M.Ed.

THE HEALING HOUSE

701 Morrow Street

Austin, TX 78753

Phone: (512)431-3721

Email: shelley@sexuallifeimprovement.com

www.sexuallifeimprovement.com

PROSTATE CANCER
SERIOUS = CANCER = DEATH
SEXUAL PLEASURE *just doesn't fit*

TREATMENT

Unknowns, Uncertainties, Trust, Urgency

LIFESTYLE CHANGE

Diet, Exercise, Sleep, Sex, Relationships, Marriage, Family, Community, Interests
Schedule, Stress, Substance Use

BODY RELATIONSHIP

What kind of relationship to your body did you have prior to diagnosis? Now?
Perform/Endure, Skin Care Stimulation, Sensual Attunement, General Health Prevention,
Self Talk to and with the body

ERECTION CHALLENGES

Focused attention (spectator-Ing!), Impotence, Semi Erect, Loss and Grief of ejaculation,
Urgency

HISTORY

Has cancer impacted your life and/or your partner's life prior to diagnosis?

WHO? HOW? WHAT?

How did your family (parents/grandparents) navigate health concerns?

When you FIRST heard the diagnosis what was the FIRST thought?

What is your historical lifestyle prior to diagnosis?

- ❖ How often did you pay attention to your diet, sleep, exercise, and your own interests?
- ❖ What type of diet, sleep, exercise and interests did you engage? At what frequency?
- ❖ How were you engaged in community? At what frequency? Friends? At what frequency?
- ❖ What is your history of communication in general? In crisis? When vulnerable?
- ❖ How does communication change when in romantic or love partnerships?

SEXUALITY & HISTORY

REFLECTIONS

- ❖ How did you learn about sex from a physiological framework? At what age?
- ❖ How did you learn about sex from an emotional framework? Intimacy! In to ME I SEE
- ❖ What did you learn about sexual expression? (whom/how/normal)
- ❖ What were you told about, how did you learn about...sexual orientation and sexuality...age and sexuality...marriage and sexuality...dating and sexuality...health and sexuality...sexual pleasure, play, and satisfaction???

RELATIONSHIP

- ❖ What was your sexual relationship like early in the relationship?
- ❖ What priority was the sexual relationship prior to diagnosis?
- ❖ What was your style of seduction?
- ❖ How did you flirt?
- ❖ How did you sexually play?
- ❖ What is your history of conversation surrounding sexual relationship prior to diagnosis? Did it differ after diagnosis? If so, how?

EFFECTIVE COMMUNICATE

The foundation of effective communication begins with individual ownership, expressions of accountability supported by emotions. I-Statements are one method of effective communication due to the emphasis on individual ownership rather than blaming. Not only do I-Statements strengthen communication, but they also assist with identifying emotions, expressing those emotions, and decreasing defensiveness.

AVOID inserting ‘that’ or ‘like’ in communication as they communicate an opinion or a judgement rather than an emotion. When one uses “I feel” in conversation it is natural for an emotional expression to follow.

AVOID camouflaged YOU-Statements when in communication. When “I feel like you...” or ” I feel that you” are used in conversation the listener is put in a defensive position while the speaker is avoiding individual ownership of their contribution.

WATCH for an emphasis on negative feelings or circumstances that minimize emotional expressions of joy, gratitude, relief, or satisfaction and promote defensiveness.

NOTICE when you downplay the impact of emotional expressions. This tendency minimizes the intensity of the emotion, therefore minimizing feeling both heard and understood by whomever you are sharing your emotional world with.

I-STATEMENTS communicate in **FOUR** stages and require practice.

- ❖ **STAGE 1** “I feel (state an emotion)...”
- ❖ **STAGE 2** “when (identify what specific behavior was done that you are responding to)...”
- ❖ **STAGE 3** “because (identify what need is not being)...“
- ❖ **STAGE 4** “what I want is (describe the exact behavior that would meet the need)...”

Example: “Don’t you know I am trying!”

Opinion: “I feel that with every attempt to try you have something to say”

Camouflaged; “I feel like you don’t think I am trying!”

I-Statement: “I feel helpless when I hear that I have not done enough because I am trying to do what I can. What I want is to be supported.”

MINDFULNESS

Bishop, et al (2004) defined mindfulness as two interrelated components:

1. The self-regulation of attention focused on the immediate experience.
2. An orientation that is characterized by curiosity, openness, and acceptance.

Space and time are not conditions in which we live, they are modes in which we think...Albert Einstein

MINDFULNESS EXERCISES

MINDFUL PHRASE REPETITION: Seated meditation for three minutes with eyes closed repeating a phrase that focuses the attention on breathing. For example, “I am breathing now” would be a functional phrase for this choice. Begin with breathing in the word “I” and breathing out with word “am” and breathing in with the word “breathing” and breathing out with the word “now”.

MINDFUL CAR PARKED PRESENCE: Once parked at your destination (work, grocery store, home, etc.) spend three minutes on three distinct body areas. First, notice sensations of bottom of thighs against the car seat, then notice the sensations of the buttocks on seat and then direct attention to the sensations of the back against the seat.

MINDFUL BODY SCAN: Lying in a comfortable position begin with breathing into the soles of the feet, then progressively bring attention and breath to the ankles, shins, calves, thighs, buttocks, genitals, lower back, abdomen, upper back, chest, shoulders, neck, face, and top of head. Plan for 30 minutes.

PLAY, WHY PLAY? PLAY!!!

PLAYFULNESS is not just for children! As adults, we engage seriously with most areas of our lives and a cancer diagnosis is serious yet the seriousness that follows diagnosis and treatment often results in less than satisfactory outcomes for all involved. Playfulness is well-documented in facilitating healing, boosting morale, and increasing motivation yet playfulness tends to decline with age and manifestations of joy, humor and satisfaction are seemingly less tolerated.

The **COMPONENTS OF PLAYFULNESS** include:

- ◆ **CREATIVITY** When was the last time you created?
- ◆ **CURIOSITY** In what ways do you express a childlike curiosity?
- ◆ **SENSE OF HUMOR** How do you experience humor?
- ◆ **PLEASURE** What is pleasurable for you? Who have you told?
- ◆ **SPONTANEITY** What was the last 'whim' you acted on?

The **FUNCTIONS OF PLAYFULNESS** assist with problem solving, strengthen capacity to deal with frustration, and regulate anxiety. Playfulness is therefore adaptive. Playfulness in adulthood leads to embracing challenges and playful people are more equipped to navigate failure and/or loss.

OPTIMAL SEX

MUTUALITY is critical to experiencing sexual satisfaction. Yet, the ability to ‘let go’ and move toward a mutual choice requires that one be grounded first in oneself and able to effectively communicate. After all, one is unable to communicate sexual desires without some knowledge of those desires. There are reasons for exploration! Sex, as an instrument for bonding, requires great communication with each member(s) responsible for knowing their own bodies’ responses to arousal in the moment.

SIX COMPONENTS OF OPTIMAL SEX:

- ◆ **BEING PRESENT** What does it mean to you to be ‘present’?
- ◆ **AUTHENTICITY** How do you give and receive honest feedback?
- ◆ **EMOTIONAL CONNECTION** How do you demonstrate vulnerability? Joy?
- ◆ **SEXUAL/EROTIC INTIMACY** How well do you know sexual/erotic intimacy?
- ◆ **COMMUNICATION** What type of communicator are you?
- ◆ **TRANSCENDENCE** In what ways do you ‘let go’ in sexual expression?

THANK YOU ALL SO MUCH! PRACTICE!
IN KIND REGARDS~ DR. SHELLEY~