

CHAPTER 9: SEX AND PHYSICAL ILLNESS

Just when we finally have the time, wisdom and self-awareness to pursue the best sex of our lives, our bodies often have something else in mind. I'm pretty sure the original design of the human body was to die near age 50. In the modern day, many third-world countries still have a life expectancy in the 40s. From the 1500s until about 1800, life expectancy in Europe hovered somewhere in the 30s. Suffice it to say, even *considering* sex after 50 is a relatively new phenomenon.

Ironically, our ovaries – the part of our body that is the second most important, after our brain, for regulating our sexuality – get the message to ‘die’ or cease functioning at around age 50, while the rest of our body lives on. With life expectancy for women in the United States now at 81, we can expect to spend a good 30-plus years post-menopause with good health and good luck.

We already talked about menopause-related anatomic changes and how those changes can do a number on your sex life. But the question remains: What are the other ‘complications’ of aging that affect sex? And let's not forget that our male partners are getting older, too.

Before we take all the blame, the incidence of erectile dysfunction (ED) increases from about 20 percent at age 40 to almost 50 percent by age 70. And with more than 3 million cases of prostate cancer in the United States every year, sexual dysfunction is the most common post-operative complaint. Heart disease, obesity and diabetes can also contribute to ED, and the sharp rise in the use of antidepressants in

‘middle-aged’ men and women, not to mention the rise of depression itself, is also a huge contributor to sexual dysfunction.

Thankfully, this isn’t all bad news. A recurrent theme that warmed my heart in the interviews of the sexually woke was that the physical changes associated with aging often led to a radical shift toward an increase in connection. Watching our beloved partner suffer and struggle often seems to snap us out of the daydream we’ve been living in. It heightens our awareness that life is short and that every moment should be cherished. For me, the recent deep understanding that I will experience old age and death came not so much with a sense of despair or gloom, but rather with an acute sense of the preciousness of life and the deep desire to savor every moment. I keep this quote framed on my office desk:

“Today I am fortunate to have woken up, I am alive, I have a precious human life, I am not going to waste it.”

– His Holiness the Dalai Lama

Happiness is an Inside Job

I’m extremely fortunate to have great health, and I’m still as active as ever and have no chronic health conditions. But sickness and death will happen. They happen to all of us.

So far, my one significant experience with a sex-life-altering health condition happened during the grueling 18-month child custody battle our family endured. It thankfully ended in my favor but not without significant psychological damage. While this chapter focuses on physical illness and not psychological illness, medical professionals are beginning to have a deeper understanding of the countless ways in which psychological stress can affect your physical body. Stress can kill you.

Literally. Most of us know that heart attacks, high blood pressure, headaches and stomach ulcers can be by-products of stress. Fewer of us know that stress and chronic high levels of stress hormones, including cortisol and adrenaline, can cause immune system dysfunction that can lead to pretty much every kind of physical illness, including cancer.

Fortunately, I didn't get cancer (this time), and thankfully my custody case didn't kill me or anyone else. But it came close. Despite years of mindfulness and meditation training, and lots of professional help, I had some mental breaks that felt like I'd really lost it. My tears, insomnia, unsuccessful attempts to numb myself with alcohol and wild mood swings resulted in some massive fights with my then-partner. The sheer insanity of being forced to endure and pay for a jury trial that we didn't ask for (only in Texas, and maybe that will be the next book) frequently sent him to the guest room and even to a hotel and another country on several occasions.

At times it was emotionally unbearable, but that wasn't the worst of it. A trial of antidepressants to help with anxiety made me realize firsthand what I had been telling patients for years: Antidepressants can kill your sex drive. Just when we needed to connect the most, one of our primary connection methods felt like it was going away. And it wasn't just the desire for sex that went away; it became almost impossible for me to have an orgasm. After trying and trying and trying ... *whoosh* ... the feeling would just disappear.

More than 10 percent of Americans take antidepressants, and the single largest group is women over 45, so it's safe to say that antidepressant use is a major cause of sexual dysfunction. However, the true effect is hard to measure since depression also causes a lack of libido in most people. So exactly how big a 'thing' is it? We will never know. But trust me, it's big.

Antidepressants are also the most over-prescribed class of drugs in the Western world. In my practice, I'm confident that more than half of the patients taking antidepressants (prescribed by another doctor) have been misdiagnosed and are being mistreated. Depression and severe anxiety (the latter often also appropriately treated with certain antidepressants) can be life threatening and seriously debilitating conditions that can, no doubt, benefit tremendously from treatment. In fact, it's likely that antidepressants saved the lives of both my father and son. But being sad, worried or stressed on occasion is part of normal human experience, particularly if something sad, worrisome or stressful is happening.

Feeling our sometimes-unpleasant feelings is rarely a problem that needs to be treated with the exception of true major depression, severe and prolonged anxiety or thoughts of self-harm. Instead, wait a while, exercise, meditate, talk to a friend or counselor and change your lifestyle. In most cases, allowing the feelings to be present instead of stuffing or hiding them will allow them to pass through. There's no magic pill for happiness. If only it was that easy. You might have heard this before, but it's worth repeating:

"Happiness is an inside job." – William Arthur Ward

If you are on an antidepressant, really need to be on one and are experiencing sexual side effects, here are some options. Exercise, counseling and other lifestyle changes are just as important, if not more important, when you are being treated pharmacologically. One of my pet peeves is when doctors advise patients to "just take this pill" without adding any of the other non-medical treatments and without doing any

work to get to the root cause of the problem. Doing so is just painting over rotten wood.

The most commonly prescribed class of antidepressants, called selective serotonin re-uptake inhibitors (SSRIs), is the worst culprit for sexual side effects. For many patients, drugs that work on a slightly different pathway, including dopamine or norepinephrine as well as serotonin, can work just as well without that miserable side effect. That was certainly the case for me. A short course of duloxetine (with the brand name Cymbalta) helped me sleep, kept the pendulum of mood swings from going too far in either direction and allowed me to see that the future was still bright. And it didn't affect my sex drive. Phew!

Most importantly, get rid of the root cause if you can find it. If you cannot get rid of it, do some serious work to come to terms with and accept it, which is easier said than done. In my situation, my legal case ended in my favor, I felt like a new person within a week and accepted my new unplanned financial situation post-lawyers.

If only it was always that easy. And as always, check with your doctor ... or find another one.

Not Always So

One of my favorite themes in life is that things we classify as 'good' and 'bad' aren't always so. Something might be unpleasant or pleasant temporarily, but to quote my teacher Vinny, "Just wait. It's not the end of the story."

Kimberly and her husband had been together for 40 years, but when Gary developed erectile dysfunction, they had trouble talking about it.

“Gary is a pretty healthy person, but he couldn’t quite get an erection. Men don’t really like to talk about that. I knew he had gone to see his doctor, but he was kind of secretive that day until I asked to see his paperwork for what was going on. The doctor had prescribed him one of those ED drugs, so we started talking about it, which was a big relief.

We should have talked about it sooner. I think it’s really getting to the depths of our vulnerability, the man’s virility, strength and ability to please and take care of us. I say that coming from a couple that’s been together 40 years ... It’s amazing how difficult this was for us to talk about. I can’t imagine if we had just met. Well, it was a huge relief for him to find out that he was okay, that ED is common with men his age and that things can be done to help.

The funny thing is, I was just worried that I was not satisfying him. I never thought for a minute there was anything wrong with him, and all the while he’s thinking that I was disappointed! We laughed a lot about that, and now it’s like we’re teenagers again. It’s been really good for our relationship – the medicine and that it forced us to communicate and be open with each other. Who would have thought ED would turn into a good thing?”

Carla has a similar story. Her father-in-law died of prostate cancer. Her husband John knew he was at increased risk, and he went to his doctor for regular screening tests. When John was in his early-50s, the blood test came back slightly high. “Nothing to worry about so far,” she thought. To be on the safe side, John had a biopsy done, and they went to the doctor together to get the results. Carla remembers:

‘The doctor said, ‘Well, it’s cancer, but you are lucky because we think it’s really early.’ The doctor went through the planned treatment, the high cure

rate and the possible side effects, but all I could think of was cancer. I could see John was getting really uncomfortable, and I was, too. In my mind, I was thinking cancer. He might get really sick ... and might die.

When we were in the car and after a long silence, he said, 'Are you going to be okay with this?' I told John I wasn't okay with him having cancer, but of course we would get through it. I ended my response with, 'What do you mean?' John reminded me that the doctor said, 'Our sex life might be different forever. He said he doesn't know. Maybe 50-50. Did you hear him?' I was like, 'Honey, if you are alive, that's all that matters.' Sex was the last thing I was thinking about, but it was the first thing John was thinking about. We had a good sex life, and for sure I would have missed that, but at that moment, it didn't matter. I knew we would be physically close whatever happened, and that would be just fine for me. We have this incredible bond, and I knew nothing would change that. All I thought was I just wanted John here.

I saw for the first time that for John, sex really defined him in some way. And I could see that fear, something primal that men have, that if he couldn't be a man in that way, I might leave him. John had the surgery, and we went to a post-operative visit with the nurse. She looked right at me and said, 'You have to give him six weeks, but then it's a use it or lose it situation. It's just like rehab. It's probably not going to be great a first, but just keep trying.' I looked her straight in the eyes and said, 'No problem. I've got that covered.' During those six weeks, I read everything I could about how to ease back into things. Oral sex is best to start with, as well as different things with the hands.

The funny thing is that right before that, our sex life had become a bit routine. We were just getting down to the business of it, and we had given up foreplay and touching each other slowly. So when we started trying at the

six-week mark, I had to really listen to his body, take it slowly and watch every response to see what was working and what wasn't. It was so beautiful in that way. We switched things around, so he would give me an orgasm first, either orally or manually like in the old days, and then I could focus on him. He already felt good about himself for making me feel good.

By about the six-month mark, we were able to have vaginal intercourse if he could get erect enough, but it didn't matter so much if there was an end point. He already felt good because he was pleasing me. I joked with him, 'The shoe's on the other foot now, buddy!' because I would have to be so in tune with his breathing and the release in his body to know when he had an orgasm since there was no sperm. I'd tease, 'Now I have to wonder if YOU are faking it!'

I wouldn't suggest that everyone's husband get prostate cancer, but for us, it's been awesome in many ways. First, after surgery I was always the initiator. I would remind him the nurse said to use it or lose it, that it was physical therapy . . . Let's do this! That really stroked his ego. The best thing is, it caused us to just slow down and completely reinvent what was probably going to die a slow death if we had kept going in a monotonous direction. We had stopped really paying attention to each other's bodies in that really present way. So it's weird to say, but sex is now better than ever in many ways."

Daniella had another story of how this phenomenon works when faced with an unexpected illness. You might recall that she and Carl had always had a really healthy sex life that was an integral part of their lives. Then something hit them from out of the blue.

"Carl got really sick several years ago. This is a guy who has always been super fit, played college basketball and is always working out and playing

golf. He takes care of his body. It just wasn't anything we expected. There's heart disease, cancer and things like that. You know those might happen. But all of a sudden, Carl was paralyzed from the waist down. It was a super rare neurological autoimmune thing. You can imagine how terrifying this was for both of us, and the doctors really didn't know how long it would last. The funny thing is, when we went to the doctor with Carl completely paralyzed, he asked this one thing, questioning, 'When is Mr. Happy going to work again? When can I have sex with my beautiful wife again?' The doctor said there was an 80 percent chance that Carl would be fine. There's that scary 20 percent. It was a stressful time.

Thankfully, Carl fell into the 80 percent, and he is sexually fine now, but for several months we just didn't know. He's playing golf, walking and doing normal things again. Now I see him slowing down a bit. Carl doesn't have the stamina he used to, and I am starting to see the old man I'm going to care for. In a way, it's tested our love, and I love him even more. Carl never lost his sense of humor. The good part about that horrible episode is that it really put a little jump in our step. We have always been in love, but after this, we just appreciate each other even more. We know life can change like that. You never know when it will change, and we'd better enjoy each other every minute."

The Dreaded News

While we will all get sick and die from one thing or another, few illnesses are closer to most of our hearts than breast cancer. With 1 in 8 American women now developing breast cancer in our lifetimes, it's something I've pretty much resigned myself to being diagnosed with at some point. Every time I get my mammogram, I'm ready.

Cancer specialists who focus on the single metric of a cure for cancer are proud to report that the great majority of early breast cancers are completely curable, and survivors can expect a normal life expectancy. The problem with this great news is that it completely fails to take into account the devastating effect it can have on intimacy.

Common treatments typically wipe out your two biggest sex organs (besides the brain): breasts and ovaries. Surgery can leave your chest numb and disfigured. Medical treatment can throw you into menopause overnight if you're not there already, and you can't take estrogen to help with the symptoms. It can feel like a complete nightmare during a time that you're expected to be celebrating your good fortune for being cancer free.

Shari was diagnosed with breast cancer at 45, which should not have been a huge surprise in light of her family history. Still, it was devastating news. With three girls all shy of high school and a big job that primarily supported the family, Shari didn't have time to be sick, and dying wasn't an option. Even though the cancer was early-stage, she opted for a bilateral mastectomy due to her genetic and family history. She also had her uterus and ovaries removed.

"When I was discussing all this with my doctors, it seemed like an easy decision. 'Let's just get this shit over with,' I told her. 'If my chance of ovarian cancer is high, and if I'm going to be in menopause with the medicine anyway, just take it all out. And I'm not going to get a mammogram every year waiting for it to come back. Just take both of them off, too.' Of course, I was talking to cancer doctors, and I had the best ones at M.D. Anderson Cancer Center in Houston. I felt lucky. I would be cured, and then I could get back to work, and everything would be hunky dory.

The doctors were truly amazing, and they saved my life, but understandably all they cared about was getting rid of cancer. They weren't too concerned about what else might happen after the surgery. I don't think I would have made a different decision if I had known how hard this would make other aspects of my life, but I certainly would have thought harder about it. The surgery was a bear, but it all went well, and I healed fine. I had a kind of tummy tuck to get tissue to make new breasts. In clothes, I look normal – better even. But naked, I feel like Frankenstein. I have so many scars. My breasts are mounds that are in about the right place, but they are totally numb, and my tummy ... well, let's just say I won't be wearing a bikini ever again. That all might sound vain, but when you don't want to be seen naked and can't feel anything, romance is not at the top of your list.

The worst part was the menopause. I had no idea. I should have asked more about that. Most women go through it over a few years, but I went through it in one day. WHAM! I had every symptom under the sun. Hot flashes, night sweats, mood swings, insomnia ... the works. I felt so depressed. My doctor thought I was grieving about having cancer, but I assured her, 'I don't have cancer. I have menopause. I just feel like crap!' After the surgery, we weren't allowed to have sex for six weeks anyway, but we gave it a valiant effort once we got the green light. It took a while to admit it, but I couldn't feel anything except pain. My vagina was so dry we had to use lubricant, and even then I felt like I was being stabbed with a knife, and there was no way I could have an orgasm unless we pulled out all the stops. I mean it was work. The energy it took to try to be how we were before was just exhausting.

I'm not sure how we got to this point exactly, but now almost three years later, we are just really at peace with this new life we have. The cancer changed everything, but hey, I'm alive. The hot flashes and other symptoms,

except the vaginal dryness, finally subsided. We don't have vaginal intercourse anymore, like ever. It just hurts too much, but we are both really okay with that. To tell you the truth, I always preferred oral sex anyway. I can feel good with that and have an orgasm some of the time. He likes oral sex, too, so we can still be really close. We are happy with that. I'm less conscious about my weird-looking naked body, and hey, we all look a little weird as we get older. I think I just woke up one day and said to myself, 'I have two choices here. Either keep fighting reality and be exhausted, or create something new out of this that can be good.' Everything changes. This is just a new phase."

The Power of the Uterus

Having a hysterectomy, even when you're well beyond needing it for childbearing, often comes with a rush of emotion and attachment. More than just a vessel to hold a baby, many women associate the uterus with their femininity and womanhood. I've had patients ask, "Will I still be a full woman if I don't have a uterus?" Many women wonder if sex will be affected, if they will still be able to have an orgasm and if their partner will notice anything. The answer to those questions is no – except maybe positively since your original problem will be cured –absolutely yes and not at all. I can talk until I'm blue in the face about the scientific reality that the uterus is about as useless as the appendix when you're not wanting more children, but it's been helpful to use more empathetic language. Personally, I would happily hand my uterus over if there was a good reason to take it out, but to some people, it's a big deal.

Reverend Linda has an interesting take on her own surgery.

"Having a hysterectomy was in many ways deeply liberating. Not only was I cured of the problem that required surgery, but it was more than that. Losing

my uterus was an invitation to think about being a woman in a different way. The uterus has the energy of being mother, symbolic woman, God woman and all that. In the role of mother or church leader, some female priests in my tradition even go by 'mother.' I have never been one of those priests, but your energy can get drawn out that way. Now I can care for people without that symbolic title. It feels more free. I moved from mother to person. It's almost as if there are more places I can go with that."

Peace

The point of this chapter isn't to make light of serious illnesses

and suggest that everything will always turn out fine, although my research was pretty clear that it oftentimes does. Things change, and suffering is real, but something about the *acceptance* of our new aging and physically changing state (or that of our partner) comes with a real sense of peace. That's my greatest wish for each of us as we go through this together.

