

Understanding female sexuality

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For a woman, sexual satisfaction is often highly associated with how satisfied she is with her total relationship. When lifestyle changes, such as stoma surgery, force an adjustment to that relationship, her sex life may also need reappraising. Since a man's sexual satisfaction is seen as relating more to the nature and frequency of intercourse itself, it can mean a great deal of adjustment for both partners.

A biological basis of human sexuality has been put forward¹ that details the link between the central nervous system, the emotional governing system and physical arousal leading to the aim of orgasm. Humans, however, cannot simply be broken down into physiological systems. Our attitudes, fears and expectations play a major part in the expression of our sexuality.

The term sexuality is one we have an understanding of, yet find difficult to define. It holds a fascination for most people; witness, for example, the proliferation of glossy magazines aimed at particular target audiences. Sexual attractiveness is the message sold to men and women alike, wrapped up in articles ranging from health and fitness to wicked indulgence. Advertisers use subtle, and sometimes not so subtle, imagery in an attempt to convince us their product will make us dynamic, attractive and desirable. Of course we are not taken in by this advertising ... or are we?

Sexual response

The concept of being sexual is complex. It may be helpful to consider the way that we operate as being a combination of thoughts, emotions, physical feelings and behaviour. Each of these areas or systems affects, and is affected by, the



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others. Sexual feelings may be stirred by thoughts that develop into fantasies, or through the film and television images presented to us. Contact with others, conversations and physical touch may also lead to sexual arousal. We become aware of the physical changes that take place and this in turn may lead to a heightening of the arousal, a process known as a feedback mechanism.

The physical changes in the body are coordinated by a variety of control systems, using the equivalent of an electrical wiring system. These systems are dependent on chemicals known as neurotransmitters, released by one cell to affect another. Other chemical messengers, or hormones, may also be carried by the bloodstream from one part of the body to another.

Sexual desire, or libido, is a person's general level of interest in sexuality, and precedes sexual arousal. Sexual

interest is a willingness and desire to seek opportunities for sexual contact, reflected in the occurrence of sexual thoughts or fantasies and the frequency of sexual activity. A woman's current relationship, her age, attitudes towards sexuality and the stage of her menstrual cycle (if she is still having periods) will all affect the level of her sexual interest.

The effects of ageing

Women generally achieve their peak levels of arousability in their thirties and the main effects of ageing are linked with the changes occurring at the menopause. Oestrogen is believed to be necessary to maintain the healthy state of the vagina and to allow vaginal engorgement and lubrication during sexual stimulation.

Following menopause, the vaginal lining becomes thinner and there is a

lessening of lubrication during sexual intercourse. This may cause discomfort, although it seems that remaining sexually active reduces the effect of these changes. There is also some shrinkage of the vagina and a reduction in its sensitivity. Breast swelling and nipple engorgement are less marked during arousal and women may experience orgasm less often and with less intensity.

Other factors

The general effects of ageing are also of importance. These can include physical illnesses such as arthritis. There may be physical changes that contribute to a sense of unattractiveness too, such as weight gain, impaired mobility and sagging breasts. An increasing use of medication may impair sexual functioning. Anxiety and depression, which can occur at any age, are likely to have an effect on sexual interest and ability.

Beware the myths

It's important to beware of 'sexual myths' that can contribute to the development of sexual dysfunction.² These state that sex is the prerogative of the young and attractive; that sex should cease when procreation is no longer possible; and that sexual performance usually ceases after middle age – and that if it does not, this is abnormal.

Despite these myths, it is encouraging that many women enjoy sexual activity and sexual intercourse well into their 60s, 70s and, in some cases, 80s. It is never too old to learn and it is encouraging that new relationships, which begin as companionship, often become an opportunity for rediscovering sexual enjoyment.

Sex and the stoma patient

The formation of a stoma will have a significant effect on the patient's self-image, at least in the early stages following surgery. If a woman loses her interest in sex because she feels embarrassed about her body, either because of the ageing process or the appearance of the stoma appliance, she is likely to experience only slight vaginal lubrication during foreplay and intercourse.

Following surgery

The art of being sexual and expressing sexuality may decline significantly following stoma surgery. Self-confidence and self-esteem can be affected, and it becomes clear that adjustment to change in the body shape and appearance is a gradual process. During the

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initial recovery the challenges emerge: physical activity such as swimming, social events, and talking to others about what's happened. Behind all of these will be questions, some of which are easily answered, but others that are less easy to ask. Frequent concerns that

crop up are: 'Will I still be attractive?', 'Will the bag or pouch get in the way during sex?' and even, 'Will I be able to get pregnant?'

Adapting to a new lifestyle

It is recognised that medical interventions can lead to problems of withdrawal, depression, anxiety, guilt and anger. Stoma surgery is no exception. The operation may have been life saving but once the body has physically recovered, usually after a few months, then adaptation to the new lifestyle takes place. As well as leakage and odour concerns, there may be worries about relationships, change of body image, loss of sexual desire and arousal. One writer acknowledges that the impact of a stoma can have serious psychological and social implications, but also states that adapting to a changed body image and the effects of surgery may impair or cause damage to normal sexual function.³

How sex therapy can help

Joe and Margaret were referred for sex therapy after Margaret had surgery for cancer of the colon which resulted in a colostomy. They were both in their mid-60s and sought help following a disastrous attempt at lovemaking three weeks after Margaret left hospital. Joe had made advances towards his wife, who could not bear to have him near her, feeling tremendously self-conscious and embarrassed about the way she looked and would feel to him.

They shared several interests, particularly gardening, but due to Margaret's illness Joe had felt the burden of tending their large garden himself. Margaret, a retired dinner lady, had become quite depressed with her illness and acknowledged they had grown apart over many months. Joe had retired from his job as a van driver at 65 and was somewhat resentful at not being able to relax into his retirement.

In therapy the couple were encouraged to talk to each other about the way they both felt, something they had never previously thought they needed to do. This was not easy and required some prompting, but Margaret and Joe found it to be quite liberating. They became more sociable with each other and began spending more time in each other's company. Joe was able to express his concern for Margaret and how he had been fearful of losing her. She said how she wanted to tell him more of what she was going through, but didn't think he'd be interested.

As they became more relaxed and accepting, a programme designed to gently reintroduce sex into the relationship was outlined. This involved massage, touching and stroking, firstly in a non-sexual way and then moving on to increase their sexual awareness and arousal. The emphasis was on giving and receiving pleasure, rather than purely sexual intercourse. They were pleased at their progress, as Margaret became ready for lovemaking through Joe taking time to be affectionate and understanding of her needs.

Making an existing problem worse

The most common reason for women seeking help with sexual difficulty is low sexual desire. It is therefore possible for a pre-existing sexual difficulty to become more of a problem because of the stoma.

Sex and sexuality are possibly the most popular conversation topics in our society, yet they can be so difficult to discuss if things go wrong. Those affected shouldn't be afraid to ask for help, as brief counselling may be all that is required – including education and advice, possibly combined with written material. Referral to a psychosexual therapist, daunting as this may seem to some, could be the means to overcoming anxieties of a more personal and intimate nature and achieving greater sexual satisfaction.

Beyond the physical

Whilst many changes are happening at a biological and chemical level, it is unlikely that most women are aware of them all. When actively engaged in sexual activity, the mind focuses on the emotional feeling. If it feels good, then the body wants more of it! It is therefore important to look beyond the bodily changes and keep in mind the emotional and spiritual dimensions of sexuality. Although it is important, attractiveness is not the only aspect of sexual activity.

Love and relationships

From the romantic notions found in poetry, music and literature, to the work of academics, writers have always tried to capture the essence of what love is all about.

One three-part theory⁴ of love has been drawn in the form of a triangle. The three components – according to this theory – being intimacy, passion and decision/commitment. Developing the idea of maintaining love and, for most people, a sense of sexuality, Masters *et al*⁵ suggest the following:

- First and foremost, don't expect perfection. The initial, passionate love needs to be transformed into stable, deeply-rooted love.
- Be flexible. Truly lasting love is a



One important aspect of a good relationship is to be sensitive to your partner's feelings. Pay attention to both verbal and non-verbal forms of communication

testimonial to the ability to adapt to life's ups and downs.

- Recognise that love cannot be a substitute for anyone's personal identity. Leave enough room for your partner to be their own person. Don't give up all your own interests.
- Keep romance alive: remember the small expressions of love.
- Be sensitive to your partner's feelings. Pay attention to verbal and non-verbal communication.
- Don't let anger undermine your interaction. Be open and challenge it; and look for ways to defuse it.
- Be a considerate sex partner. Good sex is most often a matter of being

attuned to your partner's feelings and preferences.

- Don't take your partner for granted. The waning of love can often be attributed to lack of attention to the person and the relationship itself.
- Maintaining love isn't automatic. In order to make a relationship successful it has to be worked at.

References

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Key points

- For women, sexual satisfaction is often highly associated with how satisfied they are with their total relationship.
- Becoming aware of the physical changes that take place during arousal may, in turn, lead to a heightening of arousal – the feedback mechanism.
- Remaining sexually active seems to reduce the effects of the menopause.
- The formation of a stoma will have a significant effect on self-image.
- New relationships, which begin as companionship, often become an opportunity for rediscovering sexual enjoyment.
- Being a considerate sex partner helps to maintain love. Good sex is most often a matter of being attuned to a partner's feelings and preferences.