Intimacy and Parkinson’s

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I have no disclosures!
Sexual Challenges for People with Parkinson’s

1. Slowness of movement, tremor, and rigidity interferes with lovemaking.

2. Reduced desire due to fatigue or medications.

3. Men struggle with getting or keeping erections, or reaching orgasm.

4. Women may experience dryness, pain, or difficulty finding their orgasm.
Sexual Challenges for Partners

- Changing roles from partner to care partner.
- Tiredness from taking on more responsibilities.
- Fear, anxiety, depression, grief.
- Loss of sexual interest due to PD symptoms.
- Inability to read nonverbal cues.
- Loss of emotional connection.
YOU CAN GET PREGNANT IF YOU ... YOU KNOW ... SO IF YOU ... YOU KNOW ... THEN YOU BETTER USE A ... YOU KNOW! NOW, IS THAT CLEAR?
### What Hinders Communication?

- Lack of experience/Never needed to
- Embarrassment
- Uncomfortable using sexual terms
- Fear of being critical/Hurting feelings
- Hopelessness
- Intimacy issues pre-date PD
- Easier to simply avoid
Be Brave...
Brave Conversations

• Holding the intention of becoming closer.

• Undefended communication/vulnerability.

• Sharing our hearts and listening with curiosity.

• Share ideas rather than complaints.

• Being willing to ask professionals for help.
## Communication Tips

<table>
<thead>
<tr>
<th>Ask</th>
<th>Ask about a good time to talk</th>
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<tbody>
<tr>
<td>Talk</td>
<td>Talk about sex out of bed</td>
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<td>Bring</td>
<td>Bring ideas to the discussion</td>
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<td>Be</td>
<td>Be vulnerable</td>
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<tr>
<td>Decide</td>
<td>Decide to take one small step</td>
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How Do We Ask Medical Professionals?

“Things have changed for us sexually, can we talk about that with you?”

“What are the sexual side effects of these medications?”
Remember you have a whole team of support

- Medical doctor/PA/NP
- Physical therapy
- Occupational therapy
- Social worker
- Nursing
Think of Sex Differently

See sex as a “buffet.”

Expand how you define “sex.”
Physical Intimacy Is a Buffet

- Make all sensual and sexual touch PLEASURE focused.
- Use more of your body to touch more of their body.
- Let go of “What am I suppose to do?” or “What we usually do…” and listen to what you WANT to do.
- What are you a “Yes” to?
Affectionate Touch (arousal 1)
Sensual Touch (arousal 1-3)
Erotic Touch (arousal 4-5)
Sexual Touch (arousal 6-10)
Intercourse (arousal 7-10)
## Physical Intimacy Options

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<tr>
<td>No agenda</td>
<td>pleasuring</td>
</tr>
<tr>
<td>Kissing</td>
<td></td>
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<tr>
<td>Sensual</td>
<td>touch rather than massage</td>
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<td>Naked holding</td>
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<td>Use less</td>
<td>hands, more whole body</td>
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<tr>
<td>Touching</td>
<td>“still” hands</td>
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<tr>
<td>Giver/Receiver</td>
<td>exercise</td>
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*Parkinson’s Foundation*
Sexual activity should be... Not
Make Affection a Destination
Emotional Intimacy Options

Have fun together, not just self care/appointments, house & family responsibilities.

Share a joy and a challenge.

Step away from technology.

Use appreciations frequently.

Remember to empty your “frustration/anger” tank periodically.
De-role and just be a couple (not patient & care partner)
Role Changes

Be sensitive to how the patient/carepartner dynamic can impact sexual relationships.

Look for ways to take a break from the roles. Remind your partner.

What would help you get into “lover” energy?
Make Physical Intimacy a Priority

- Schedule it
- Look for opportunities to have it
- What are you allowing to get in the way?
Desire

• Desire often kicks in once we start (spontaneous vs. responsive desire)

• What would help you have a willingness to begin?

• Look at what you DO want rather than what you don’t want.
Arousal Begins when you activate...

"Accelerators"

(Things that turn you on)
Take Pressure Off the “Brakes”

Minimize things that get in the way of arousal
“Bridging Time”

A buffer of time on your own, before being physically intimate…

to let go of “doing”
drop into your body
And connect with your own sexual spark.
Communication

TALK BEFORE...
During...

Ask for what you DO want, or what would make it better.
People don't learn from experience. They learn from reflecting on their experience.
Conversations After Sex

“One of my favorite parts of last night was…”

“Next time I would like to…”

“There was a moment when you…”

“I thought you liked X but you didn’t seem to”

Was that a “No” “Not now” or “Not ever?”
What are you doing to help yourself?

“Feeling stressed, depressed, anxious, self-critical, untrusting in your relationship, or simply exhausted and overwhelmed, are all real and meaningful barriers to sex.”

(Emily Nagoski)
Where to find Sexuality Specialists

American Association of Sexuality Educators, Counselors, and Therapists

www.aasect.org
If there is no one in your area...

- Skype with a sex therapist or sexologist
- Many therapists do intensives with couples
- Several sessions over a couple of days
- Clothes on
- Sometimes meets with each of them on their own
- Provides a chance to share feelings and get ideas
Ideas Around Hypersexuality

1. Distraction or redirect energy
2. Evaluate what would meet the need. (Five senses)
3. Together or solo
4. Emotional connection
5. Talk to your healthcare team.
My favorite way you touch me is...

One thing I would like more of is...

One of my favorite sexual experiences with you was...

What I liked about it was...

One thing I commit to doing more of in the future is...

One thing I would like you to do differently is...
Intimacy Recipe (Summary)

1. Begin with a conversation
2. Focus on connection and pleasure rather than performance.
3. Include yourself.
Summary

• Expand your definition of “sex.”

• Communicate with your partner!

• Include your healthcare team in solving issues.
Questions?
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