

How Do We Touch the Heart? – Sexuality Beyond Chronic Pain

By Gail Karuna-Vetter, OR LMT #20429, Sexual Health Educator, Health Advisor, Energetic Healer, Clinical Herbalist

Chronic pain and disability affect every part of a person's life, including their intimate life. Often the jarring difference between how things *were* and how they *are* can leave people feeling devastated, ruined, and broken. How then can we help our clients, our patients, especially when there is little or no chance of recovery?

To start with, I think it is important to remember how bad things must become before an individual is compelled to ask for help from medical personnel. It is far more likely that your chronic pain patients are suffering sexual dysfunction silently, believing that there is no hope for them and they will never feel pleasure again. They may have silently given up, assuming there is no path out and this is their "new normal." It is up to us, their trusted medical professionals, to find a way to shine a light into that darkness.

We use the metaphor of "touching the heart" to try to get at the idea that intimacy is more than simply feeling pleasurable sensations in the genitals. But it is true that feeling pleasure is an important part of intimacy. How then do we help clients with chronic pain reconnect to their ability to feel pleasure?

Before we can even begin to help, we need to be sure that we have created a safe space for our patients. Many of them have suffered shame or dismissal from loved ones and even other healthcare professionals around their sexual pain and dysfunction. Unless they believe that we are ready to listen, they will not be able to speak.

Once they start talking, they will very likely become overwhelmed by their feelings. Believing that there are no medical solutions will often lead them to believe that there are no solutions at all, but there are.

The answer, as with so many things, lies in the inherent plasticity of our brains. Learning takes place when we practice doing something new or different or when we approach an old problem in a new way.

In order to begin changing sexual experience, we must first change the "story" of that sexual experience. Without challenging the patient, we must find a way to introduce the idea that they still hold the capacity to experience pleasure, but that it will be different than the ways they may have experienced it in the past.

Moving away from a story of finality and loss: "I'm broken; this has ruined my life," to one of change "I can feel pleasure, I can learn," is the start.

But some patients will report that they feel no pleasure at all. What then?

First of all, it is important to reinforce that change is a constant companion to everyone and that all people must learn to adapt and adjust to changes in their sexual experience. By embracing

that change, your patients can take control of the process and guide their own bodies back to recognizing and enjoying the pleasures that *already exist* around them.

In her manual “Sex That Works; An Intimate Guide to Awakening Your Erotic Life,” Wendy Strgar listed responses from cancer patients undergoing therapy when asked “What still brings you pleasure?” Their answers were surprisingly relatable:

- Stepping into the steam of a hot shower
- Soaking in the scented water of a hot bath
- Slipping into freshly cleaned sheets
- Rubbing your hand on the back of a loved one wearing a soft sweater
- Smelling the intoxicating scent of a flower
- Tasting warm toast and peanut butter
- Catching the scent of hot chocolate or hot coffee before it hits your lips

She continues:

“These daily sensory experiences, which we rarely stop to notice, are stepping-stones to an erotic life that most of us don’t even realize. Once we recognize that we miss much of the flavor and visceral enjoyment life perpetually offers us, we can start to examine how we prevent ourselves from experiencing the sensual pleasure that is available to us regardless of physical disability or emotional discomfort.”

Once an individual can understand that their body, their broken, painful, confusing body, still holds the capacity to feel pleasure, even if it isn’t the same as the pleasure they once felt or the pleasure they expect to feel, they can begin to forge new pleasure pathways in the brain.

I like to point out that your brain is really your biggest sexual organ. Regardless of what kind of plumbing you have, or what condition it is in, everything is processed through your brain. It is there that we begin the process of reconnecting to pleasure, by accessing the brain’s neuroplasticity.

You probably won’t be surprised to hear me say that a big part of this process is being present here in the Now, and I recognize that this is very difficult for many people to do.

Most of us share a very particular metaphor for understanding time and history. You probably learned it first in elementary school: the Timeline. We conceptualize time as a long line stretching infinitely behind us into the past and infinitely ahead of us into the future. On this Timeline, the present, the Now, is nothing more than a quick “blip,” gone before it is even noticed. It’s no wonder it feels like an impossible task to be in the moment! By the time we realize it’s here, it’s already gone and we’ve blown it. Only by literally not thinking can we experience a moment out of time.

But not thinking is really inconvenient for getting things done and generally existing! This is a real problem. Fortunately, the solution is astonishingly simple: we must ditch the Timeline metaphor.

In truth, time is nothing like a line. The past does not extend neatly behind us like a road with carefully marked events. It's more like a maze of funhouse mirrors, most of which are missing panes, all of which reflect a distorted version of events colored by perspective, emotion, and context. The future is a thousand, thousand, thousand lines extending into infinite possibilities influenced by events beyond our ability to conceive, let alone perceive!

The Now is similarly not a quick dot already missed. The Now is a giant, expansive bubble that goes on forever because *it is always Now!* You literally cannot miss it, unless you allow yourself to be pulled into the maze of the past or the chaos of the future.

But how do we move from awareness of the Now to experiencing pleasure in painful bodies?

Pain exists in three pieces in much the same way that we perceive time in three pieces. Remembered pain, pain we have felt in the past, makes up one third of the pain we experience in the moment. Anticipated pain, fear of how bad it could be, makes up another third of pain experienced. The actual pain happening in the Now is only 1/3 of the pain processed by the brain, but it is the only third that really exists. The other 2/3 are fear of past pain and fear of future pain, not pain itself. Simply being in the Now has the potential to reduce perceived pain by 2/3! That's better pain relief than many receive from pain medications!

If we then add the activity of focusing awareness on another part of the body, we can reduce that last third of experienced pain even further. By simply re-focusing awareness with intention, we can reduce pain. By coupling that focus with an emphasis on experiencing pleasure, we can be even more successful.

Pleasure is an excellent distraction from pain. The endorphins released during climax overwhelm the brain's receptors, distracting from chronic pain and actually reducing perceived pain. Intimacy also encourages being in the Now. Brain scans of women experiencing orgasm show that there is almost no brain activity outside the pleasure center at climax. In that moment of passion, there is nothing but bliss.

But orgasms are not the only way to experience pleasure! In fact, I prefer the term climax to orgasm, because climaxing can happen with or without ejaculation and, unlike orgasms, climaxes can last a very long time and have the ability to build and build in intensity. But even climaxes aren't the only way to rewire the brain. By focusing on feeling what is pleasurable rather than seeking to reach a goal, such as orgasm or even climaxes, we reinforce our brain's ability to experience pleasure.

Knowing that we have ways to influence and shift our own experience simply by focusing the power of thought can be life-changing for patients who feel powerless. Far from being wish fulfillment, these techniques encourage new neural connections, forge new neural pathways, and literally change the way we think and move through the world.

There are both books and specialists that can facilitate that journey for your patients, but only if they are able to recognize that such things are possible. When old pathways of pleasure are closed due to pain or disability, new pathways must be forged. By helping your patients understand that they can still feel pleasure, you can give them hope.

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Gail@TheKaruna.com

Resource/Reference List:

As You Like It; the pleasure shop, 1165 W.11th Ave #1, Eugene, OR. An eco-conscious, body positive, gender inclusive shop which carries both books and tools for sexual health and expression.

Dr. Helen Shepard. DHS/CSB (Doctor of Human Sexuality, Certified Sexological Bodyworker), www.EugeneSexology.com 541-285-2098

“Sex That Works; An Intimate Guide to Awakening Your Erotic Life,” Wendy Strgar, 2017.

“The Explorers Guide to Planet Orgasm,” Annie Sprinkle, PhD, Beth Stephens, PhD., 2017, Greenery Press.

“The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness,” Miriam Kaufman, Cory Silverberg, Fran Odette, 2007, Cleis Press.

“Urban Tantra; Sacred Sex for the Twenty-First Century,” Barbara Carrellas, 2007, Celestial Arts.