

Sexuality and Stroke

Fear, frustration, the need to adjust to a new self-image, adapting to a new, often very different “self”, being disappointed by one’s performance in many life areas, and doubts about one’s ability to deal with these changes – all of these are elements of stroke recovery. Hemiplegia, personality change, communication impairments and a lessened ability to learn new things are additional factors that often have to be dealt with.

With all of these issues to face, sex may not seem like an important matter in the initial stages of stroke recovery. However, as recovery progresses and survivors and their spouses begin to have sexual feelings again, an informed and positive approach to the effects of stroke on sexuality can enhance recovery and strengthen self-esteem. A stroke does not have to mean the end of one’s sex life, which can often continue to be an important source of pleasure, relaxation and intimacy.

Straight Talk

What is the reality of sexuality after a stroke? There is rarely any medical reason why stroke survivors should not become sexually active again if they wish to do so and if their doctor agrees. Sex is usually good for the physical and mental well-being of stroke survivors and their partners, improving their quality of life, and strengthening bonds of closeness.

However, though stroke survivors often continue to have sexual feelings and desires, these are often experienced through a filter of their disability. One study of 79 men and women who had had their strokes from three months to three years earlier found that only one couple in six had maintained their sexual relationship.

Sexual Consequences of Stroke

The possible and normal sexual consequences of a stroke include:

- A diminished self-image and self-esteem
- Fear of being rejected or no longer being loved
- Emotional and relationship changes that may alter interest in sex
- Fear of and anxiety about sexual failure
- Social change and the ways that people with disabilities are viewed by others (this particularly applies to single, widowed, divorced or separated stroke survivors)

All these areas may be affected in the weeks or months following a stroke, resulting in less sexual activity, or a change in how sexual feelings are expressed. Sexual feelings may diminish or become less enjoyable, and often sex ceases altogether.

Sexual activity may be reduced for many different reasons:

- Fear of another stroke makes sex unattractive. Your doctor can ease your mind about the safety of sex, or may suggest alternatives.
- Depression in either partner dulls his or her sex drive.
- After the initial disruption of a stroke, couples may lose the habit of making love.
- The side effects of medication, particularly those for high blood pressure, may affect sex drive and performance. Therefore, take all drugs as directed.
- Right brain damage may alter attention span, judgment and planning, making previous patterns of sexual activity difficult or impossible.
- The non-disabled partner may lose sexual interest because of the spouse's altered appearance and manner.
- It may be hard for the caregiver to shift from giving physical care to being a lover.

Sexual readjustment

An attitude toward sexuality plays an important part in an individual's and couple's adjustment to a stroke. Most of us have learned to keep the details of our sexuality to ourselves, a tradition of privacy that often makes it difficult for survivors and their spouses to openly discuss the effects of stroke on their sexual relationships. Without frank, open communication, however, sexual readjustment following a stroke can't begin. Consider this only a brief period of discomfort; it could be the first step back to sexual fulfillment. Doctors and counselors can help break the ice when partners are uncomfortable talking about sexual feelings.

Traditional sex roles can also work to the disadvantage of individuals and couples adjusting to a stroke. There are some stroke survivors, men in particular, who feel that without intercourse, their sexual lives are over. Reducing the emphasis on sexual intercourse as the only way to enjoy sex would make other types of sexual expression such as tenderness, touching, self pleasuring and other types of sex more acceptable, and allow stroke survivors a more positive outcome when contemplating sex after a stroke.

Adjusting to Physical Changes in Sexual Functioning

- Adjusting for loss of sensation may require experimenting with new ways of touching
- Different degrees of hemiplegia (one-sided weakness) may require adjustments in finding a comfortable position for sex
- Finding a comfortable position for sex may be further complicated by muscle spasms or stiffness, bowel or bladder incontinence, fatigue, vision problems and lack of balance
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Your doctor can help by providing information, clearly discussing sexual function, arranging for sex counseling if necessary, or by prescribing an antidepressant if depression is a factor.

Planning for success

Sexual expression is a way to convey feelings of love and tenderness, reduce stress, and promote closeness. Couples can benefit from having open discussions about their desires and how to achieve them. They should also try to:

- Make their sexual activity as easy and comfortable as possible
- Look after their personal hygiene and appearance
- Remember that it takes time to rediscover what works best for you as a couple
- Expect a certain amount of frustration and, as much as possible, maintain a good sense of humour and don't take setbacks too seriously
- Keep an open mind because there are many ways to enjoy sex!

In situations where sex is not possible, there are still options that will allow the expression of your closeness as a couple. The tenderness and warmth conveyed in cuddling and fondling can be a continuing source of physical satisfaction and fulfillment.