



Sexuality & Intimacy Part II
Issues Addressed, Questions Answered
A Young Perspectives Teleconference
September 26, 2006

STACY LEWIS: Good evening and welcome to everyone. Welcome to "Sexuality and Intimacy: Part 2," a Young Perspectives Teleconference, hosted by the Young Survival Coalition. As many of you know, the Young Survival Coalition is the only international, non-profit organization dedicated to the critical concerns and issues unique to young women and breast cancer. My name is Stacy Lewis. I'm the vice president of programming for the Young Survival Coalition, and it is my pleasure to serve as your moderator for the evening.

We'd like to take this special opportunity to thank Pure Romance for their generous support of the Young Survival Coalition and for making this teleconference possible. We are pleased that you have joined the YSC and Pure Romance for this open and candid discussion on the impact a breast cancer diagnosis has on a young woman's sexuality and intimacy.

So you're in for a great treat. This program is certainly for you, no matter your current phase of diagnosis, your partnership status or your sexual orientation. There are a multitude of short- and long-term effects of a breast cancer diagnosis. A variety of these effects relate to a young woman's sexuality and intimate experiences. Questions arise like: How do I cope with some of the changes that come from treatment? How can I communicate with my partner so that we are much more comfortable with each other once again? How can I find and define my new sexual self with or without a partner? How do I deal with anxiety and my new body image and changes in libido? What resources can be

used to address my specific concerns and enhance my experiences?

Well, tonight we certainly hope to candidly address these questions and the other areas of concerns about sexuality and intimacy that arise after a young woman's breast cancer diagnosis and treatment. It is our hope that you will gain valuable information and learn useful strategies for moving towards a more satisfied and gratified you. We have three panelists this evening who have graciously taken the time to be with all of us: Dr. Barbara Rabinowitz, Erin Hoschoeur, Patty Brisben.

Before we hear from Dr. Rabinowitz, I would like to provide you with a quick logistical overview of tonight's call. Tonight's call is being recorded, and a transcription will be made available by the Young Survival Coalition on our web site, www.youngsurvival.org in about four weeks.

The format of this call is as follows: The first part of the call will be presentations by our panel. We will then open the call to your questions. At that time we should have about 25-30 minutes to cover all of your questions. Please try to be brief, we certainly encourage your questions. You may also submit questions during the teleconference to rsvp@youngsurvival.org. We will aim to answer all questions prior to the conclusion of tonight's program.

Now I'd like to briefly introduce our first presenter of the evening, Dr. Barbara Rabinowitz, PhD. Let me tell you just a little bit about her. Dr. Rabinowitz serves as the director of oncology for all three acute care institutions of Meridian Health Systems: Jersey Shore Medical Center, Ocean Medical Center and Riverview Medical Center. She began her career as a nurse and later received masters and doctoral degrees in social work as well as certification in sex therapy from Rutgers Medical School.

In addition to her administrative role at the Meridian Health Systems, Dr.

Rabinowitz maintains a private practice in psychotherapy and sex therapy. She has held numerous prestigious positions and received many honors and accolades during her career, some of which, most notably, include her role as the first woman and non-physician seated as president of the American Society of Breast Disease, founder in 1985 and past president of the National Consortium of Breast Centers, an organization that is now more than 1,000 members strong. And she was appointed by Governor Whitman to serve as the first commissioner to the New Jersey Commission on Cancer Research from a psychosocial discipline, a role in which she continues to serve.

She has appeared on "Good Morning America," "One-on-One with Steve Adubato" as well. She has worked with many cancer survivors in groups and couples' work and individually around the many important psychosocial issues and sexual issues that surface regarding the diagnosis, treatment and rehabilitation from breast cancer. She also serves as the mom of adult twin daughters and a grandmother to 13 grandchildren. So certainly she has a full schedule, and we are so pleased that she could join us tonight. Dr. Rabinowitz, we'd love to hear from you.

BARBARA RABINOWITZ, PhD: Thank you, Stacy. Thanks for the opportunity to be with you again. I was with you live at a conference a couple of years ago, so it's a pleasure to be with you in this different venue, nevertheless a venue that I hope that the women listening will find helpful. The thank you, besides to you, really goes from me to all of the patients, the cancer survivors, the couples that I've had the opportunity to work with in the over 25 years that I've been in this field, because they, more than the textbooks, are the ones who really brought me through what is the experience they go through so that I might share with other women and their families with whom I work. What are they needing to do to accommodate themselves, to adjust, to adapt

to this new world in which they find themselves from the time of a breast cancer diagnosis forward?

Certainly the issue of breast cancer and its impact is one that is for the person who has the diagnosis, the family, the loved ones, the friendship circle, the work relationships, all who care about that person are, likewise, impacted, and how each of those special relationships change or get modified over the course of the diagnosis, treatment and follow-up time has an impact on all of how the woman feels about herself. And that's something that my patients have brought forward to me time and time and time again. It's not an individual issue that, oh, let's talk about sexuality now and deal with it in isolation. Because truly, it's not in isolation.

Sexuality is a part of who we are from birth throughout our lifetime. Whether we choose to be sexually active or we feel energized to be sexually active at any given time is a different issue than whether we're sexual beings or not. We are, indeed, sexual beings. As such I would mention that there are lots of myths and misinformation that we have in our society, at least, about sexuality. We come by those myths very early in life. Some of them are spoken. Some of them we pick up as unspoken innuendo, and we carry those myths with us.

Now, there are some really general myths that we carry with us like you're going to lose interest in sex as you age or that your body is going to react to you consistency, sort of on command you're going to be interested in having sexual relations and that one can count on that. There's another really important myth that comes up all the time is there is a right number of times that you should be having sex per week or per month, etcetera. And those general myths impact how we feel about ourselves sexually in general.

Then on top of that, sort of laid on top of that are another set of myths that have to do with the cancer and sexuality connection, such as the myth that cancer is contagious through sexual intercourse, that if you have sex that the cancer is going to grow or that that's the reason that it came about anyway. Certainly for breast cancer there is not that connection, although I can tell you as recently as a year ago I had a patient who was convinced that because so much of her sexual pleasure was in her breasts that this is some sort of a punishment visited upon her. So we may think this is 2006 and that such myths don't exist, but I would tell you I continue to experience them.

There are other myths like giving up sex will then help cure the cancer. Another myth actually that the research community fostered for a while in the very early days of research trying to understand the impact of sex on patients who had had lumpectomy versus those who had had mastectomy, the differences in body image and sexual pleasure, etcetera, the way some of the research was worded actually continued to foster the myth that only women who had had mastectomy as their treatment would experience some sexual difficulties but that those with lumpectomy would not experience those difficulties. And later research in which the questions were asked in a more appropriate fashion showed that that, indeed, was not true. It's not an either/or. There may be things experienced by the person who experienced the lumpectomy as well as the person with mastectomy.

So it's a backdrop of a lot of mythology in which women are coming forward after their diagnosis and beginning to think about how this is going to change them in how many different ways. I want to take a few minutes just to talk about what we've come to understand in the research community and, for me, from speaking to women over these 23 to 25 years or so, and that is that it is very hard for people to get the depth of

information they need to help them through the emotional issues and then the sexuality and sensuality issues that surface for them. It's not that easy to come by.

We know that women are facing lots and lots of things during that time of the diagnosis and then into the treatment. They've got decision making during that diagnosis to treatment period that can be very anxiety producing. They then have to face what they may experience with the treatments itself, with the medications that they're facing, chemotherapy, trying to get support drugs to support them through the chemotherapy with as few side effects as possible.

We know that there's sort of a general range of feelings that women experience as they go through this whole time in their lives that they face sometimes denial, but anxiety and fear, sometimes a sense of helplessness, resentment and anger at what they're going through, shame and guilt even. And, by the way, what's so interesting about that is that when we do research on men with cancer shame and guilt almost never comes up as something they experience, but it comes up very often with women with a cancer diagnosis.

In addition, other feelings such as loneliness and sadness and even onto clinical depression can have a very real impact on whether people feel their sexual self or whether it sort of goes underground. Those are a lot of feelings to be carrying around, washing back and forth over a woman at any given point. Those are the sort of like more emotional sets of feelings, but there are more visceral feelings as well. Women very often report, for instance, feeling irritable, not like themselves, irritable, restless, not comfortable in their own skin, so to speak, having sleep disturbances, muscle tension, difficulty concentrating and feeling easily fatigued.

As one of my patients said when she was reading through a list of these and

then bringing it into discuss it with me, these are not very sexy things to feel. They really made her feel like a fish out of water, is how she described it, somebody I was just speaking with this week. Women traditionally try to be very stalwart, very strong, tough it out, get through this, get through this experience. So sometimes that means that they're not letting their healthcare professional know what the real issues are for them.

Women will often describe that they're carrying the world on their shoulders as they go through this period. That's pretty exhausting to be carrying the world on your shoulders, and that is one thing that women say, they feel they're juggling. How can they fit in dealing with what's going on for them with regard to sexuality when they're dealing with so many other things, the decisions, the back and forth to treatment, maybe taking care of a young family, maybe a career they're trying to juggle and not lose grasp of as they're going through this time as well?

We know that how their family may change in the way they interact with them during this cancer time and how their friendship circle may be reacting to them also has much to do in the end with how a woman feels about herself and in that sort of way backwashes over how she feels as a full woman carrying all of her roles and therefore her sensual and sexual roles as well. Women in the families will very often report that the very things that they had wanted earlier like family to step forward and pick up some of the slack and do some of the tasks in the house and so forth, because it's coming now in reaction to their going through treatment that it doesn't feel quite as pleasurable that people are doing these things as it would have had they been doing them without the fact that the diagnosis is here.

Women will also very often report that their nurturant role that they felt they carried in their family is now threatened as they're going through this cancer

experience. Believe it or not, in 2006 women pretty much in our society continue to be the emotional nurturers, the emotional caretakers for the family. Not exclusively, not absolutely, but certainly very, very much in that role. And as that changes, so does how a woman feels about herself as well if she's not really playing what's been a natural role for her.

I should mention for women who are in relationships, not single and not in long-term relationships that partners have their full range of feelings they're experiencing as well. Partners report very often they feel helpless, especially in a society such as ours where men still generally play the role of rescuing. That is a role they grew up with our society, and our society seems hard pressed to have that go away, have that not be still a responsibility that males in general feel in our society to be the helper, the fixer, to be the problem solver for certain kinds of issues. And as a group they feel helpless at a time such as this.

They may also feel very resentful. Some research shows us that they feel very isolated also. I know I had talked about the woman with the breast cancer diagnosis feeling isolated. Partners will also very often feel isolated. I mean, men at the water cooler at work, for instance, for those who are in heterosexual relationships, men at the water cooler may be talking about football and what's going on there, and this particular person who is going through this experience with his wife may not at all feel as if that has any real connection for him in his world at this particular time.

Men may also feel anxious. They may feel depressed, bewildered about what to do and ambivalent about the role that they're being pulled into with their world revolving at least transitionally around the breast cancer diagnosis, treatment and follow-up treatments. So there is a lot that the partners may be feeling. And in our society couples

don't always know how to have conversations about these things with each other. As a matter of fact, what very often goes on is that people protect each other, they believe they're protecting each other by not talking about some of their fears and feelings.

I would tell you that quite the opposite is true. The more we're able to help couples of any nature, heterosexual couples, gay couples, the more we're able to have conversations about these issues, their fears, their concerns, the greater the sense of security is felt in the relationship. It seems it's counterintuitive for people. They think that the opposite is true, that not talking about it is somehow protective. But I would tell you that most often we find that's not the case. It's a struggle for me, very often, when I'm working with couples, to get them to the point where they will talk about these "untalkables," these non-speakable subjects, but it makes a world of difference when that can happen.

I keep a picture up on my wall in my office that a patient and her husband gave me a while ago. It's actually a picture of an igloo in a very sort of isolated setting, just to remind me that they both brought this in saying, interestingly when we started talking to each other about this we both were feeling like we were living alone in an igloo in the North Pole, just not feeling very connected to what was going on in the rest of our world. In our society I would say that every October you all see, I'm sure, that every magazine on the stands is talking about breast cancer, in one way or another talking about breast cancer.

But I would challenge you to find one of those articles that talks about sexuality and breast cancer. I think it's a problem in our society that we act as if this isn't an issue. I would tell you, by the way, that in health journals as well there has been an attempt to get physicians and allied healthcare providers to talk to their patients about

sexuality. We might as well be back in the 1930s when people wouldn't say the word "cancer" when it comes to sexuality, because it just doesn't get discussed. I would tell you that patients say that it's like moving mountains to get information about sexuality. I think that's a real burden for women and their partners who are going through this experience.

For all people there are really three frameworks through which we filter our sexual feelings every day of our lives, every month of our lives, etcetera, and they are as follows: the physiologic, I'll say more about it, the psychologic, and the psychosocial. For physiologic, what that means is for all people how do we feel bodily? Are we tired or are we energized? Are we feeling ill or are we feeling generally well that day?

Psychologically, the second way through which we filter our sexual feelings: Are we feeling stressed, anxiety laden, etcetera? Or are we feeling pretty even emotionally. And psychosocially, how do we feel like we're fitting into our world at large, our social world, our family world?

How we feel in those three domains has a lot of impact on how we filter any feelings of sexuality or sensuality that we have at any given time, and that's true for anybody. It's not a long leap then to understand how sexuality can take a blow, a hit during the time of cancer treatment when physiology, psychology and their social world are all going through some changes. In our society we grow up with certain expectations about how we're going to be sexually. Some of those expectations, unfortunately, are really assaulted by the focus on breasts in our media, in advertising and so on. So that at the time of that vulnerability to the breast that is sort of this hanging over us feeling that somehow less a woman is what happens when the breast has been assaulted by the breast cancer.

That has a profound impact for people. In addition to these impacts that I've

talked about, certainly studies have shown us that there are emotions that are costly for people, at least transitionally as they go through this time of breast cancer treatment. There are some mood swings, some anxiety and nervousness, some depression that is experienced. Those things certainly impact how energized and what appetite at all anybody has for their sexual self.

We know over the last decade more clearly than ever before that chemotherapy-related fatigue is a very real issue, that over 78 percent of all cancer patients with chemotherapy experience that kind of fatigue. That fatigue can certainly pull away any interest and any desire for sexuality, at least until it begins to abate. It will abate, but it still does take time and more time than most of the time patients are expecting that it's going to take.

When we talk about sexual dysfunction, sexual difficulty, I should say we talk about it in three phases, because the problems that people can have are really in the three phases of sexual response. The first phase of sexual response is desire. That's when a person get that tingly feeling, they know they're interested, kind of if they have children they're thinking, "I hope the kids decide to sleep at Aunt Sara's this weekend," that's desire. So people may actually feel that that desire goes away. It just seems not to perk up for them any longer.

In the arousal phase, which is the second phase of the sexual response cycle, people very often will say, "I don't know. I think that I'm in the mood, but when we start to get together something just doesn't click. The pump just doesn't seem to get going." That's how people will very often describe problems they experience in the arousal phase. Finally, there will be a problem sometimes in the orgasm phase, meaning a person may say, "The desire phase is okay. I think I'm in the mood. The arousal phase is okay. I start

to feel that feeling of feeling excited and aroused, but then I just can't seem to get to orgasm."

So there can be problems that people can describe in any one of the three phases of the sexual response cycle. They can report it, that is, as long as somebody on their healthcare team is willing to give them some information and to have this discussion with them about this. In addition to that, there are a couple of problems that women can experience that aren't in a specific phase. One of them is called dyspareunia, which just means painful intercourse, and another is called vaginismus, which means that the penis just cannot enter the vagina because the vaginal opening clamps down, unwillingly. It just clamps down on its own.

Those problems can be transitional. They can be transitional but what I say to people is they need to be aware that they may experience these problems and that they need to make sure to reach out if they do, if it's not abating on its own very quickly. I would tell you that the issues with sexual desire are currently what I hear more of than any other issues for women with whom I speak on this. Their libido, their interest in sexuality seems to have been robbed from them. It can go on for quite a long period.

It's hard really to tease out what part is physical because of the medications and all that the woman's body has gone through with medication and treatment and what part is emotional. It's hard to tease out which is which. Even in therapy it usually takes us some time working on it to really get to some sort of clarity about that. Our brain has a lot to do with sexuality. Emotional issues impact our sexuality and our sense of sexual interest very dramatically. We say in sex therapy circles that our largest sex organ is our brain. That is how dramatic an impact how we think and feel can have.

I should mention that people who are experiencing problems that they're

able to talk about after the cancer diagnosis and after the treatment, it's not just about can the couple get together and have a sexual episode that includes intercourse. There are, my patients will remind me often enough, lots and lots of things that get impacted than just can that happen or not. For instance, people will very often talk to me about the fact that the playfulness in our relationship, "I don't know what happened. We were pretty playful about our sensual selves, and it's just gotten to be where sexuality is very serious business now. We know it's a part of who we are as a couple, and so we do get together. But that playful pat, that just playful nature seems to have just escaped us."

Other times people will talk about the fact that their entitlement to be the initiator, they don't know where that went. Maybe they'll say, "Boy, we were the kind of couple that maybe I would initiate some of the episodes or maybe my partner would initiate some of the episodes and now it seems, I don't know, I just don't feel entitled to that anymore. I sort of wait for my partner to show me that this might be a night that we're going to get together." Women tell me when they do finally find somebody to talk to that not having an understanding of these impacts can be pretty profound with women worrying about, boy, I wonder if anybody else is experiencing what I'm experiencing.

I would tell you that studies show us that sexuality discussions with healthcare providers are really rare. In one study it was shown that only 13 percent of the healthcare providers that women were reporting on brought the subject up before treatment and only five percent after treatment, which is unconscionable, from my point of view. Because the fact that practices are busy is certainly no excuse. There is every reason for this subject to come up for all patients, and for physicians. Additionally, as I'm fond of saying when I'm speaking to physicians and healthcare providers, do not assume that the woman who they're speaking with in a relationship with a male. They may, indeed, be in a

relationship with a female, and so to be sensitive to their language and not talk about “how does he feel” (referring to the person with whom they are in a relationship) but instead “how does your partner feel”.

Women will report sometimes that they are the ones who feel they can't ask their doctor about sexuality concerns. I've often heard women say to me, "My physician or my healthcare provider is young enough to be my son." That's not going to be your circumstance, but the opposite for the young patient is true, and that is that it may feel uncomfortable because the physician is too close to your age instead of too different from your age. What do we know, given that all of this is happening? What advice do we give with all this swirling around the woman who's going through the experience?

Well, there are lots of things that we know have to happen. The first is for women to be able to get good answers and to be given good information. They need to know that there are resources that are out there. I would tell you that a lot of the women I work with say that reading has been helpful, but even more than reading, reading some of the books chapters on sexuality and breast cancer with their partner can be tremendously helpful. I'll say more about the specific books in a minute. But that reading together business has really helped some couples turn a corner. In our society couples do not really talk about sexuality. In our society we actually give more information about sexuality to each other as couples by moving to the left or to the right so that our partners will get the idea, "Oops, don't touch there," or "Touch more there." We're just not very verbal, in spite of the fact that MTV and other such vehicles blare sexuality.

I would say another thing that can be very helpful, if you have a good one in your area, is support groups. Because as I speak to women about the country, speaking to other women can also be helpful and reflect itself back out into the relationship. By the

way, I would mention two of the books that my patients continue to say are the most helpful is Marisa Weiss's book *Living Beyond Breast Cancer* as it talks about sexuality and also Dr. Leslie Schover's book written on *Sexuality and Fertility After Cancer*, which talks about it, not breast cancer specifically, but is really an excellent vehicle. I've had a lot of couples with whom I've worked who have read and talked some of those books through with each other and that's really made a big difference for them.

I think that one of the things that we have to remember, and I certainly talk to women I work with about, is that each person is going to go through this in their own, unique fashion. So they can read, but they need to be respectful of what it's feeling like for them-- to not feel as if there's some standard that they need to move up to to match how other people are going through the experience. There is that sense of true entitlement about respecting yourself.

For those who are in couple relationships, there are some specific things that couples have found helpful as they've gone through this, to go back and remember what it's like to have sex without intercourse, to go back and actually give themselves homework of having some touching time with each other and getting to know each other in new ways again, to actually use enhancers that they may not have relied on before, such as showering together, such as having candles in the room, such as giving each other massages. That may not be something they needed to include before.

Sometimes I'm giving couples the advice to bypass a phase, even if they think they're not in the mood to, because they've got an agreement to work on this together, to spend some time in bed together without the "have to" of having intercourse, but to spend some of that touching time together, just bypassing a phase of the sexual response cycle. Staying in touch with your own body can be very helpful, meaning doing some self-

touch, and relearning, exploring and sort of getting to know this new you that has evolved through the experience that you've gone through.

Additionally, what I say to people is that when they are going to be speaking with their partner that to try to learn to be verbal about what they want to try. There is for some people a certain shyness that gets in the way of that. But it can be very important in not expecting a partner to be able to mind read as we go through this new transitional time. Finally on this sort of quick list of things that people can find helpful, I would tell you that it's important that you understand, that it's going to take time. It's really a relearning and a reclamation process, reclaiming yourself and creating what has been called in the literature a new normal for you, that that respect of yourself to know that it's going to take time is tremendously important.

Although I give people the clues that I've just run through very quickly because of our limited time, because I give those clues to people there are times, though, that couples do need to speak to somebody for a few sessions. I'm not talking about seven years on a psychiatrist's couch or anything of that nature. I'm talking about a few sessions to talk through some of these issues. There's one organization in the United States, the only organization in the United States, that certifies sex educators, counselors and therapists. I want to give you their web site address, because to find out in your geographic district who is a certified counselor or therapist, they will, at no fee, send you that list. So their address, their web site address, is www.aasect.org. Through them you would be able to find somebody to speak with, as I said, just for a few sessions.

What I hear from people is that they really wish that their healthcare providers would talk to them, would give them some resources, so that they can reclaim all of life after the breast cancer experience. This is true for those who are in long-term

heterosexual relationships, gay relationships, those who are single. Each in their own way have wanted to reclaim that part of themselves they have no desire to lose because of this breast cancer experience.

I invite all of you to do the reading, do the talking, try the techniques and certainly to save those questions so that perhaps we can address something that's specific to you when we get to the question-and-answer part. Again, my thanks for being a part of this. I look forward to Stacy introducing our next speaker, my listening, as you will, to the next, and then being involved in the panel. Best to all of you.

STACY LEWIS: Thank you so much, Dr. Rabinowitz. What an engaging presentation. Indeed, as you emphasize the need for getting accurate and good information, our goal at the Young Survival Coalition is to ensure that we provide a venue for young women dealing with the issue of breast cancer to obtain accurate, up-to-date information in an environment that is comfortable and one that encourages questions. So I'm sure that there will be questions following our next presenter, who is Erin Hoschoeur.

Erin holds a master's of public health, a graduate from Indiana University, her area of study including sexual health, sexuality education and intimacy after cancer. She has a background in human development and family studies, nutrition and psychology. Also, as Dr. Rabinowitz mentioned the web site for certified counselors, Erin is a certified sexuality educator by the American Association of Sexuality Educators, Counselors and Therapists.

Erin is the current director of health education at Pure Romance, a woman-to-woman-based business specializing in intimacy-related products. Erin serves as the current executive director of the Patty Brisben Foundation, a non-profit specializing in education, community outreach and research to improve women's healthcare. So with that

introduction I bring to you all Erin Hoschoeur from Pure Romance. Erin, we are eager to hear your presentation.

ERIN HOSCHOEUR, MPH: Thank you so much for having us. It's quite an honor to be with Dr. Rabinowitz and YSC. We're very thrilled to be here, and I'm proud to be representing Pure Romance's SSS program this evening. I am going to take a few minutes to kind of go over what we talk about within our "Sensuality, Sexuality, Survival" program at Pure Romance, which is our program designed for women who have been touched by breast cancer. What we like to do within our group sessions is have women kind of take a step back and think about the basics about sexuality and intimacy. So we're going to kind of do this tonight together.

As we go through intimacy and sexuality I'm going to ask everyone to think objectively about what that means to and for them so that we can move forward through this process and hopefully find some positive changes that you can apply within your relationship, whether that's with a man, a woman or just with yourself. So we're going to define sexuality and intimacy. We're going to talk about what's normal, some solutions that are available and some resources that you have access to.

So when we think about sexuality and intimacy, what are some of the first thoughts that come to your mind, whether it's your relationship or thoughts of intimacy or love? Maybe it's gender issues, your role of being a woman or a mother or a friend or a sister. Or do you think about intercourse? When you think about sexuality and intimacy, does it make you uncomfortable? Or are you comfortable with it? But if it makes you uncomfortable, can you get to that root of that? Is it personal? Is it embarrassment? Is it your values? Or is it stereotypes that are put on you from society? Do you feel like your gender doesn't allow you to be as sexual as you would like to be, your age, illness,

disability? All of those things can impact how you view yourself as a sexual being.

But what's important to remember, that it's not just about sex or intercourse. It's about who we are as a feminine or masculine being. It's who we are as a person and the role that we play in society. It's expressed in so many different ways, both physically and emotionally. So it's important to think about sexuality from a broader perspective and how that relates to you.

One important thing to remember is that we're sexual from birth to death. It's not just a period in our lives where we procreate or decided to be sexually exploring ourselves. It's from that moment when you're in your hospital room and the doctor says, "It's a boy," or "It's a girl," you have begun your development as a sexual being. What's unfortunate is that sometimes healthcare professionals, when dealing with women who have been touched by breast cancer, don't always take the time necessary in dealing with sexual issues following a breast cancer diagnosis or treatment.

So it's important to empower yourself and know that you have all of the control that you need in order to find the information that's right for you. That's why programs like our SSS program and organizations like the Young Survival Coalition are here to help you get those answers that you may be lacking. So for just a brief moment I'd like everyone to take this opportunity to think about what intimacy means for them, to help find your own definition for intimacy so that we can continue to move forward on finding those solutions and those resources that will fit your definition of intimacy. So does that mean it's your relationship? Does that mean it's intimacy with your family and your friends as well as your significant other? And it's more than just sexual interaction. It's about being close and having an emotional connection as well.

So one of the biggest questions we get with women is what is normal. And

it's funny to say that it's impossible to define what is going to be normal for you. Normal can be defined so many different ways, whether it's biologically, psychologically, your values or beliefs or by what normal is based in society. So it's important to take what you believe to be normal within your relationship, whether it's with yourself or a partner, and make that applicable to your life. So it's whatever is agreed upon by you and your partner; that is what we are going to define for your normal.

What we are finding is normal is that sexual dysfunction and sexual problems are common for women who have been touched by breast cancer. But what we don't realize is that being a sexual being can signify that I'm alive, I'm healthy, I'm vibrant, and I am who I was prior to my diagnosis. So resuming sexual activity can be just as important to your healthcare as your latest drug therapy. Keeping that in mind, making sure that your whole being is taken care of is just as important as dealing with your day-to-day routines, your doctors, your medication, etcetera.

As Dr. Rabinowitz talked about the effects of cancer can be so multifaceted. It's physically impacting you. It has a psychological impact, and it also affects your social abilities as a mother, as a friend, as a sister, your roles in society. So it's a lot more complicated than just dealing with being tired or the lack of lubrication or your change in your role in your family. All of those things play a huge impact on one another and can really be hard to deal with. But we've realized through our programs that we can really break it down very easily and can really work through each of those issues and really provide fun back in women's lives that maybe they were lacking before.

What we do know is that breast cancer is so complicated because you're both impacting your sexuality and your femininity, your womanhood, your ability to relate as a woman, and it's so multifaceted in the way that it can impact a woman. So we do

know that it's more complicated than just the surface level information that is sometimes provided. We know that the effects of reconstruction to a breast can reduce pleasurable sensations. It can disconnect nerves during surgery, but some feeling may return over time. So it's important not to forget that area of your body as being pleasurable. And in some cases many women find that reconstruction can help with their self-esteem.

So we've talked about common side effects before: physical changes, pain, body image issues, fatigue, forgetfulness, hot flashes, lack of lubrication, weight loss or weight gain, vaginal dryness, all of those things that we're really familiar with. But really understanding the impact that it can have on intimacy is both emotional and physical. It can really make a difference on how you view yourself as an intimate being as well as how you view yourself as a woman or your role in your relationship.

We have a lot of woman ask us, "Is it even possible? I've had treatment. I've changed. My body is altered, and I'm trying to rediscover myself. Can I even orgasm again?" Absolutely. We've found within our research that almost all women who could reach orgasm before treatment can do so after. But sometimes it just takes a little creativity. It takes a change of pace or a new toy or a game or a book involved in the relationship to kind of provide something new and to spice it up. So whether it's an intimacy-related product, whether you're experimenting with fantasy or books or videos or you just simply change a sexual position or increase your level of foreplay, all of those things can really help to find that level of arousal that you had before treatment that maybe you feel like you're lacking now.

So some important things to keep in mind: It's important to redefine what is normal for you. Normal now after cancer treatment may not be what was normal three years or five years ago. So it's important to redefine what that means for you in your

relationship. It's important to encourage a healthy relationship, whether that's with yourself or a partner, without focusing on intercourse. You share common interests with your family or friends or your spouse. Walking together, going to dinner, going to the movies, cuddling, kissing, all of those things are just as important to a relationship as intercourse. So it's important to focus on the basic things and then work up to something maybe like intercourse that you're not quite ready for.

It's important to realize that you don't need to have all of the answers or make all of the changes right now. Take it slow. Know that you're rediscovering yourself and it should be a journey worth investing time in. So don't rush it. If it doesn't work for you tonight or tomorrow or even a week from now or a month from now, keep trying at it. Try new things and be patient with yourself and with your partner and know that you will get there, and once you do, it will be a wonderful experience. But enjoy it every step of the way.

Find ways to help yourself feel more sensual. If you're having issues with body changes or you're uncomfortable with yourself both emotionally and physically, do things for yourself, pamper yourself, whether that's reading a good book or taking a bath or spending some time doing things that will make you feel good, because that will radiate into your relationship as well. So it's important to take time for you as well as for your partner.

So now you're asking, "Now what?" We know all of this; we know the changes that have gone on in the body. We know all of the things that have been difficult. How do we make it better? That's really what Pure Romance's "Sensuality, Sexuality, Survival" program has been focused on, the easy fixes, things that you can integrate into your lifestyle quickly and easily that you will notice small changes but will be the stepping

stones to your larger changes.

One of the biggest things is improve the communication in your relationship, whether that's the relationship with yourself and you just need to think objectively about what's going on as far as your sexuality or that's talking to a partner. But read books. Do activities together and attend support group meetings where you get the support and the information you need regarding your personal sexual experience.

It's also important to increase your level of arousal. Foreplay is so important, and if you try to rush into a relationship before your body is ready you're not going to enjoy it and you're not going to want to revisit that situation again. So take time playing games, initiate massage, use intimacy-related products. We offer a wide variety at Pure Romance of fun, playful products. You can provide that spice back into your relationship that you may have felt like you were lacking before. But remember to just giggle, to have fun, to go back to the courting phase of your relationship that we sometimes overlook in a hectic, stressful life.

Another huge thing that women sometimes overlook is natural lubrication. During induced menopause, you lose that ability to naturally lubricate. Without that comfortable experience with the penetration, whether it's a bedroom toy or a partner, you're not going to enjoy the experience. So it's important to find a good, gentle, non-irritating water-based lubricant. You can find them anywhere. It's important to find a product that is right for you.

I know one of the things that Patty has instilled in us at Pure Romance is that not every woman in the same. So you may find a lubricant that worked for you several years ago that doesn't work for you anymore. It's important to keep trying to find something that will complement who you are now and the needs that you have regarding

your intimate health. So it's important to keep trying and to use it during every experience.

Another thing that often gets overlooked is a vaginal moisturizer.

Sometimes during something as intense to your body as chemotherapy a lubricant just isn't enough. We moisturize our face every day. We take really good care of our skin. Our vaginal tissue is no different. What's really important is that we need to replenish that tissue, and as it's been impacted as severely as through chemotherapy or breast cancer treatments sometimes it needs a little extra kick. A vaginal moisturizer will do just that. It will replenish that tissue, provided it with exactly the moisture that it needs to be healthy, to circulate blood, to help natural lubrication. It's a good asset to a lubricant, but does not replace it. That's another impact aspect of your vaginal health that sometimes gets overlooked. So not only is a lubricant important, but a vaginal moisturizer is, too. You can find those online at www.pureromance.com. You can get it in your grocery store. But it is something accessible, and it is something widely available.

Finally, all of these things aren't going to work if you don't continue to take care of your vaginal health, whether it's maintaining those muscles through Kegel exercises, whether it's using a dilator set if that's necessary for you and working with your healthcare provider to find a routine that is most beneficial, and maintaining your regular check-ups and exams. Without all of these components you aren't going to see the improvement that you need, so it's really important to maintain a good relationship with your healthcare team.

So a lot of women ask us, "Where do we find these items?" We've heard of bedroom toys or we've heard of great books or great web sites, but where do we start looking? There are a lot of really wonder resources available for you. The American Cancer Society offers a ton of great books and activities for couples. We use a lot of them

in our program, activities for a woman and her partner or body image exercises that are great resources that you can get right off their web site. www.Breastcancer.org has a lot of wonderful articles and information as well as places for you to talk to other women who are going through similar things.

Don't forget your healthcare team. I know a lot of the times there is a concern about whether or not you can talk to your doctor, but sometimes it's just empowering yourself to ask them the questions that you may not have been feeling comfortable asking before. You realize that they are compassionate, and they do want to help, and they do have the right information. It's just a matter of asking. Also your local drug stores and pharmacies have lots of information on products that can be helpful to you.

And as always you can visit www.pureromance.com, where we have a full line of our "Sensuality, Sexuality, Survival" products that were designed specifically for women who are touched by cancer. So there are a lot of great places for you to find resources and information regarding sexual health. You can always e-mail us at sss@pureromance.com if you would like more information or would like other book or web site recommendations, we'd be happy to give them to you.

So a few main points that we like to always make sure our women leave with is that to keep your sex life going it's important to cope with your changes in appearance, to combat your negative thoughts, to cope with your treatment effects, to know that fatigue and nausea may be something that's a part of your life and to find ways that you can make those work for you. So if you're nauseous, try to avoid products that have smells or scents or candles that bother you. If you're tired, try to find a time of day where you're most interested in intimacy and use those to your advantage.

Rebuild your self-esteem. Take time for yourself. You are what is most

important, and without your feeling good about yourself you're really not going to be able to move forward with an intimate relationship with yourself or a partner. Make sure to practice good communication. That is going to be the key to success in your rediscovering your intimacy. Make sure you gather as much information as you can, and we are always here as a resource to help you do so.

And no matter the kind of cancer treatment, your ability to feel pleasure from touching always remains. It may not be the same as it was before your treatment, it may be a little different. But keep an open mind about ways to feel sexual pleasure. If it was from your breasts before, focus on your back or your neck or your legs, just remember to keep changing your location. Always remain in good communication with your partner and with your healthcare team.

So it's important to remember to not put as much pressure on yourself to fix it today or tomorrow and know that it's going to be a lifelong developmental process. As it would have been prior to cancer you are going to be a sexual being until the day that you die, and it's going to change with you as you grow and develop into a mature, very sensual woman. So it's just important to know that as you evolve and change there will be resources of people available to help you evolve and change in a way that's most beneficial to you. So we are here to help and answer any questions, and we're always available. So we appreciate your time, and we look forward to the question-and-answer session.

STACY LEWIS: Erin, thank you so very much for such a wonderful presentation. You mentioned some very salient points, including what is normal and how to kind of get back the desire, etcetera. So I've noticed that many of our questions revolve around that, as well as you also indicated other locations that people can obtain products. So I thank you for a great presentation, you've already addressed some of the issues that

have been presented through the e-questions.

So with that said, thank you again to our presenters, because not only have they been gracious enough to join us this evening, they've also been kind enough to stick to our original time schedule, which doesn't always happen, at least from the moderator's perspective. That gives us a little more time for questions and answers. Before I turn it over to our operator to open the lines, I just want to let you all know that we're pleased this evening to have with us during the question-and-answer segment Patty Brisben, CEO and founder of Pure Romance.

Patty in 1983 started her in-home business primarily because it provided her financial independence and the opportunity to be a stay-at-home mom. She founded her company in 1993, and in a little over ten years her and her colleagues have recruited thousands of consultants nationwide. In 2005 she began an extensive sexual health initiative including a college tour, a breast cancer program and collaborative research studies with various universities as well as a non-profit sector of Pure Romance entitled the Patty Brisben Foundation. Patty's charisma and genuine sincerity to help women everywhere shines through in everything she does. She joined us last year at our annual conference that YSC hosts in collaboration with Living Beyond Breast Cancer.

So we're pleased that Patty will be joining us for this evening's question-and-answer segment, along with Dr. Barbara Rabinowitz and Erin Hoschoeur. Before I turn it over to Beth, I will remind you all that you're not seen, you're only heard. We've promised you a candid discussion, but the discussion will only become candid if, indeed, you ask the questions that are really those that you're interested in receiving honest answers. There have been numerous questions submitted, so after Beth gives you directions about how to queue your question I will ask some initial questions while you all

queue your questions.

STACY LEWIS: While we wait for those questions I'm going to be asking a combination of two questions, one from Jennifer and one from Denise. Dr. Rabinowitz, I'll throw it your way first. Then Patty and/or Erin either of you may have something to add. Both listeners talk about the fact that they have no libido, no sex drive. One of them has been post-treatment for two years. The other one has had a hysterectomy, is currently taking Femara, is married but still feels like the sex drive is gone. One is very concerned about whether this is normal or if it could be some type of mental anxiety. So Dr. Rabinowitz, maybe you could give her some insight.

BARBARA RABINOWITZ, PhD: Thanks for the opportunity to respond to that question or those two combined questions. We understand that we human beings are very complex. So the definition of whether something is caused by one thing or another is very difficult, in all times, by the way, with sexual difficulties, not exclusively for people going through the cancer experience, by any measure. It's one of the most difficult things when anybody comes in for sex therapy to tease out how much of it is something that is going on with their body at this time and how much of it has to do with how they're generally feeling emotionally.

That is certainly as so if not more so when I'm working with people who have had a cancer diagnosis and cancer treatment. Not easy to begin to tease out. So when I'm working with people I really work around going the more parsimonious direction, the direction that may yield an answer for us more easily, and that is to begin to work on things like comfort, anxiety level, spectating, and I should say what spectating is.

In sexuality circles spectating is when a person is in the middle of getting together with their partner and they find they're kind of watching themselves with another

eye. "How am I doing? Am I really feeling better this time? Do you think this time it might happen?" That kind of thinking, that's called spectating. And spectating is very damaging to our ability to just get into the sexual experience. So I very often need to work around the assumption that there may be some anxiety, that there may be some spectating going on, and to try to decrease that and move it out of the circumstance.

The other part of the question that you asked had to do with the desire phase, problem with desire phase going on. I had talked at one point very briefly in my talk about trying to bypass a phase and see what that teaches you. So very often I will have a couple where I'll give them homework and I say, don't pay attention to desire phase or interests. What I'd like us to do is experiment and learn a little about what happens when you touch with no absolute that you must go forward to a full sexual episode. What do we learn from that? So I would say those kinds of thoughts are around, teasing out how much is involved with anxiety and how much can we do by bypassing the phase. What do we learn about helping that couple create a new way so that they can still have pleasurable sexual experiences with each other?

PATTY BRISBEN: I think it's just very important to explore each other's bodies. I think it's important to use products such as an edible powder, something that makes it a lot more pleasurable. We have a lot of products; there are a lot of products that are out there on the market that will heighten the sensation of exploring the body. So I think using some of those types of products is really going to help in the process.

STACY LEWIS: Thank you. Do we have any questions?

ALICE: I have a question for the psychologist. I am a mastectomy survivor. How can I tell the new boyfriend or dates that I only have one breast?

BARBARA RABINOWITZ, PhD: That issue comes up so so so often. It's

a really dramatically important one, because it has to do both with what we know from people who have gone through that and it has to do with individuality, meaning knowing something about yourself. There are sometimes people I'm working with who will say to me, "You know what? I don't want to tell him until I've really gotten to know this person, because I just feel like I'm exploring too much of myself before I really trust them."

There are other people who say, "You know what? I want to really tell pretty early, because that's going to be a good indicator if this person is somebody I even want to invest any more of my time and energy in." So there's that opposite. So one has to know something about yourself, which side of the risk you'd like to fall out on, so to speak. Given that as sort of a general rule, I would say that more people than not that I talk with say after a couple of dates, a couple of times that they've spent with somebody that they will entertain something like this.

I'm going to say it, but there's 100 different ways of saying it. But I'm just going to say it one way. "It seems like there are things that could come up later in a relationship. I'm just feeling there's something I'd like you to be aware of, and we can kind of talk about the impact that it's going to have for us as somebody getting to know each other." Then the person would say, "So what I need you to know is that I have had a diagnosis of breast cancer, and I've had my treatment. And my treatment was mastectomy. And I think we probably should spend some time just sort of talking this through." That's one way that it can sound. Thoughts, reactions?

ERIN HOSCHOEUR, MPH: I know the one thing that we always encourage the women we work with in our program is to make sure that you're even being involved in a relationship with someone who you feel is going to respect you, regardless of whether you've had a mastectomy or not. That's really where we tell them to start is if

you're out on a date with someone who you feel like is sleazy and isn't going to respect you then maybe you shouldn't even be dating them in the first place. So really to find those people who are going to respect you and treat you like the queen that you deserve to be treated, breasts or no breasts.

ALICE: Thank you.

STACY LEWIS: Do we have any other questions?

MELODY: Hi, I actually have two parts to my question. First of all, I am also a mastectomy survivor, and I'm not quite a year out from my surgery. So I've been, I guess, emotionally trying to deal with all of these intimacy things as well as just the new normal of my body and clothing and trying to get things to look right and fit right and whatever.

I guess my first question has to do with maybe that word that was brought up just a short while ago, that spectatorship or whatever you want to call it. My husband has assured me that he's comfortable with how I am now and that I'm okay. I still can't wear the lingerie I used to wear. Nothing fits right. I find myself constantly thinking, does he notice. Or I wear bras to bed so that I have a prosthesis in, in case he touches me there or something. Will he be turned off if he feels nothing there?

So I guess it sounds like from his perspective he's okay with how I am, but from my perspective what sort of things can I do or what would be good recommended reading or something to try to get over that thinking constantly, that overthinking as we're trying to be intimate. I'm getting to the point where I just say no all of the time. So he's stopped asking. So I don't know. I guess I'm looking for some reading or someone to go to try to help myself get over that.

BARBARA RABINOWITZ, PhD: I am so touched by how you were just

able to convey what you've said so clearly and so poignantly. I'm seeing 100's of faces in front of me as you speak from women with whom I've talked who have shared perhaps not as eloquently as you just did but that same set of circumstances where one finds themselves going from a domino effect from spectating while you're in the middle of the episodes to just thinking, "Oh, my gosh. I don't even want to try again because my mind is going to start going in that direction and it's just too much pain to even try."

Let me just say more about that. As far as reading is concerned, each woman kind of knows there's a whole list of books. I'll make sure that I give the set that my patients most often say is comfortable for them to Young Survival so they can add it to whatever list they have. But there are a whole set of books. But there are some that sometimes women say, "You know, I picked up that book, I started reading the chapter, I put it down. It just didn't speak to me. But then that other book that you recommended, that one spoke to me." So I would say that it's very individual.

I really do like that people read as an overall book the *Sexuality and Fertility After Cancer* by Leslie Schover. Dr. Schover did a great job on this book, and I just think it gives people a wealth of background. It's written for the patients themselves. They're not written for the healthcare professional, although every healthcare professional I know, I tell them, "Go out and read this book immediately," because I feel they need to understand that. But that's one great, great book.

I would tell you there's another book that I didn't mention yet that people say is very, very helpful, and that is Deborah Hobler Kahane wrote a book called *No Less a Woman*. That's the key thing. Remember the name. *No Less a Woman*. She wrote it several years ago, but I would tell you that's still one that gets high grades from my patients, because she's taking you through ten women's lives and the impact on their

sexuality from going through the breast cancer experience. So because that's other women telling their stories women have said they found it tremendously helpful.

Those are a couple of ideas that I have. You're right on target when you're thinking about how important it is for you to be able to do that self-acceptance, since it sounds like he really has been able to. So for the two of you to be able to talk about when it's happening, for you to be able to say to him, "It's happening right now. I'm concentrating on the negative, and I want to be able to really concentrate on how good it feels to be in your arms," or something similar to that. I'm not trying to put words in your mouth, but I'm trying to give you a sense of how important it can be for couples just to be able to talk about it. "Yes, it's happening. I didn't want it to happen. I didn't want to be thinking about it. But let's talk ourselves through it. Let's get me through it here." That can be tremendously helpful.

MELODY: Thank you.

STACY LEWIS: Thank you, Dr. Rabinowitz, for that great answer. I know that Erin referred to the importance of communication as well as from my previous experience with Pure Romance she or Patty may have some suggestions related to some of those relaxing or fun games that may help a woman warm up and kind of take the woman out of the spectating, as Dr. Rabinowitz said. So Patty, would you like to add to that?

PATTY BRISBEN: One thing that I think is really important is sometimes we can be our own worst enemies. I think by listening to him that trusting that what he's telling you is so important. I hear there's so much emphasis placed on lingerie. Lingerie isn't everything that's out there. You can dress in a man's white shirt and look just as sexy. There are a lot of things that you can do, that you can wear to cover your body and still feel very, very sexy, whether it's even his very favorite football team jersey. It's not always

about a piece of lingerie. So I think you've got to just kind of open up your mind at this time and try some different things. I think if you go out and buy that man's white shirt and put on some nice heels you're going to feel very sexy.

STACY LEWIS: Thank you for that heels suggestion Patty.

PATTY BRISBEN: Oh, yeah, the heels are a must.

STACY LEWIS: Do we have any other questions?

VALERIE: Yes, I submitted an e-mail question, but I will rephrase it now. I am four years out of breast cancer, have switched from tamoxifen to Femara. I also had an oophorectomy because I was BRCA1 positive. I've heard the talk about moisturizers and lubricants and have not been successful in having comfortable intercourse. It's been quite painful. So I'd like to hear more about dyspareunia, dilator sets and vaginismus and what you might suggest. I've heard of a product called Estring that I'd like to know if that's something you're familiar with and would recommend.

BARBARA RABINOWITZ, PhD: Thank you. Regarding Estring there is a small amount, but nevertheless, there is estrogen derivative in the Estring. So even to use a product such as that, it's really important to have a conversation with your physician. So I'm going to leave that one, because that's a thoughtful decision that has to be made.

Let me move back into the arena that has more to do with my practice with women, and that is the whole issue of lubricants, dilators, etcetera. Dyspareunia is painful intercourse, as you heard me say. And it can be caused by very, very many things, all the way from vaginal dryness to vaginal sort of stenosis where the vagina begins to sort of close down and become more rigidified, which takes many, many years to that extreme that I'm just describing now.

When I work with people around the concept of dilators, because

vaginismus is something that women can have reflective of the pain that they have during intercourse, so unconsciously their vaginal introitus sort of closes down to protect itself, or people may have that because of orthodox religious observances that they were taught as they were growing up. So it's not just related to cancer that one can have vaginismus. When I'm working with people who have dyspareunia and vaginismus we do a lot of experimenting and exploring homework that I give the couple to do with touching around the area, where does it exactly hurt, when does it begin to hurt.

I will very often have women, even before they invest in dilators, doing some homework where they will put a rubber glove on and a lot of lubricant, their pinky finger, just try to enter their pinky finger and graduate up through their fingers. So that we really need a great understanding of what is impacting, how much of it is fear, how much of it is anxiety, and whether there's a chance to reattach the vagina, if you will, to be more flexible than it is being at the moment that the person is experiencing the pain.

It's so important to be open-minded to experimenting and learning and sort of being your own student of your own body at that point, as I'm describing. There's much to be gained from that. Now, sometimes this is a circumstance where a couple of sessions with a therapist who has a lot of experience working with folks who have struggled with dyspareunia and vaginismus can be very, very helpful. I'm probably not able to do as good a job on the phone with you as you and I would be able to do spending 45 minutes to an hour with each other. But I hope I've given you a sense of how open one has to be to become a student of yourself, you alone and then you with your partner, to begin to understand, hmm, what can we do and what do we do that does feel okay, and when do we cross over the line into where it doesn't feel okay.

VALERIE: Thank you.

ERIN HOSCHOEUR, MPH: Dr. Rabinowitz covered some really great points. And we do agree that it's really important to work with your full healthcare team. So consulting your physician about possible estrogen therapies that may work for you in addition to still using a lubricant and a vaginal moisturizer, because sometimes your body may just needs a little bit of help. But we also believe that it's important to focus on non-intercourse-related activities in the meantime. So focus on the cuddling, the kissing, the massaging, the caressing so that your body is continuing to build up to that point.

There are very few dilators available that we believe are in the perfect world, and that's something that we have taken to heart. And Patty, myself, and our research team at Indiana University have been working on what we believe from the sexual health perspective to be the best dilator set. But in the meantime we have found several out there that are really good, one of them being from a company called Soul Source, it's www.soulsourceenterprises.com. And they do have a wide variety of dilators that go to a very small, almost smaller than a pinky size. Because we do know that when you're dealing with that much pain that a small dilator is an important place to start.

Then also maybe in conjunction with a sex therapist working with a pelvic floor physical therapist can also help with the pain management and the issues you're experiencing during your extreme pain during penetration or intimacy. So it's important to, again, look at it from all avenues and to continue to build it from more than just the lubricant and moisturizer.

STACY LEWIS: Thank you both. Erin, you also mentioned during your presentation the Kegel exercises. If you wouldn't mind, there may be some listeners that are either not familiar or not quite understanding of what those exercises are. And though they may not help with more serious dyspareunia problems, they may be something that

the listeners are interested in learning more about. Could you talk a little bit about that, please?

ERIN HOSCHOEUR, MPH: I'd be happy to. A lot of times what we overlook is that our vaginal muscles are, in fact, a muscle, just like we go to that gym and we lift weights and we take care of other muscles in our body, we need to take care of our vaginal muscles as well. One of the easiest ways to do that is called a Kegel exercise. The best way that we can tell you to find this muscle is to picture yourself going to the bathroom and then stopping that flow, that sort of clenching sensation you feel, not with your buttocks or your abdomen but deep within those pelvic floor muscles. When you stop that flow that's your PC muscle or what you're going to clench and relax in order to do your Kegel exercises.

There are a variety of ways that you can do this. Many women find success with just clenching and relaxing that muscle at any time during the day. We could all be doing them on this call and no one would really know. You can do it at any point. But a lot of women really respond to Kegel exercisers, devices. You can find them on web sites. We have them available at Pure Romance. They're called ben wa balls. And they are gold-plated, heavy exercising balls that you can insert and it gives you some control to help you determine exactly what area you're clenching, because you'll be most effective if you're focusing on that deep tissue, that deep muscle rather than your abdomen or your buttocks.

But by improving that muscle you're doing so much for your body. You're giving yourself bladder control, more control over your orgasms, a firmer, tighter, tummy area. And really the most important is you're helping to improve that tissue, so the blood is going to be circulating, and you're going to allow your body the ability to lubricate

naturally again. So you're really kind of replenishing that are and making it as healthy as it can be. So Kegel exercises are just as important as your regular routine of exercising. We recommend women practicing the exercises five to 15 minutes a day every day. It's something that should be a part of their regular, daily routine.

STACY LEWIS: Thank you, Erin. I do have another question that came in prior to the call. It's from a young woman that has Stage IV disease, metastasized to the liver and bone. She says that sometimes due to the disease and treatment that touching anywhere is painful. What she's really looking for are some suggestions to keep her partner intimately engaged even though she believes that they're both aware that it's not going to end in sexual intercourse. Dr. Rabinowitz, do you have any suggestions to her?

BARBARA RABINOWITZ, PhD: I think that she sort of suggests the answer in the way that she asks the question. Absolutely. For the two of them to talk together about how they can maintain this affectional and sensual connection in spite of the circumstance that they're facing, for them to become partners in finding the solution of comfort that allows them to become connected in that very important and intimate fashion.

STACY LEWIS: Thank you very much, Dr. Rabinowitz. There are just so many questions, and many of them revolve around the same issue of whether it feels normal or really trying to get that desire back. One question in particular really focuses on a young woman and trying to give her ways to feel confident again. She says, "Any advice for those of us that are single, never married, 40 and nervous about getting into a relationship and then having to explain the whole breast feels different because it's not real;" she has saline implants. Just any advice on feeling more confident about dating and going back into the dating arena?

BARBARA RABINOWITZ, PhD: From my point of view there's always

vulnerability in new relationships, and we place the vulnerability one place or another depending on our life circumstance. I think that whole idea that what we bring to a relationship is not located in our chest and in the breasts, that whole idea of really exploring how one feels about that themselves has much to do with feeling confident that you bring everything to the table that you need to in order to be the kind of a partner somebody will want to be involved with. It's interesting, because when I hear women who use implants for breast enhancement who I also get to see now and then in my practice as well talk about that those breasts, as opposed to the woman who has had the saline for reconstruction after breast cancer surgery, there's two very different camps, two very different feelings about the breasts and feelings about personal self-confidence.

It really has much, much to do with knowing that we are not our breasts, that are full beings who bring a great deal to any relationship and that each one of us brings some imperfections, some that are physical, some that are emotional, but there hasn't been perfect invented yet. There are none of us who can claim that title. So we must come into every relationship with the expectation that we bring great value, great potential value to this person, and their job is to be able to see that value or to move on before wasting more of our time.

ERIN HOSCHOEUR, MPH: That was fabulous. It really mirrors everything we believe in. It's about empowerment and feeling confident in ourselves and knowing that we all have worth and something to bring to every relationship and really valuing that. That was spoken very, very nicely.

STACY LEWIS: Well, I have to say I think that that's a wonderful note to conclude this teleconference on this just reminding women that, indeed, we are still powerful women. The confidence is not in the breasts. It is, indeed, in moving forward

after the diagnosis and really trying to get the best information possible to help with whatever issues arise from the diagnosis, because of the treatment or just because of the physical experiences post diagnosis. So I want to thank Dr. Barbara Rabinowitz and I want to thank Erin Hoschoeur and Patty Brisben for their wonderful contributions this evening. I want to thank you all so much for the enthusiastic and interesting questions that you've contributed to this teleconference, making it a great success.

We hope, indeed, that you've found it helpful and that your questions were answered. Again, if you think of a question at the conclusion of the teleconference or if you were reserved in asking your question, I still encourage you to and invite you to submit your question to rsvp@youngsurvival.org. We will certainly do our best to answer them. The Young Survival Coalition is here to provide you with information you need as a young woman with breast cancer and to serve as a point of contact for you. If you are registered on the Young Survival Coalition's web site, I assume that most of you are, we will continue to keep you informed of upcoming programs, newsletters and announcements that we feel are relevant and informative for young women dealing with a breast cancer diagnosis.

If you are not on our mailing list I invite you to visit us at www.youngsurvival.org to register. For more information regarding Patty Brisben and Pure Romance we invite you to visit www.pureromance.com or contact the corporate office in Cincinnati, Ohio, at 866-ROMANCE. In conclusion, I would like to once again thank Dr. Barbara Rabinowitz, Erin Hoschoeur and Patty Brisben for joining us tonight and for offering their knowledge and their expertise. Special thanks to Pure Romance for their generous and ongoing support of the Young Survival Coalition and this teleconference. I remind you all again, if you know someone that missed tonight's

teleconference or you'd like to read the transcript it should be available on Young Survival's web site in about four weeks. Thanks to all of you for joining us.

I remind you to save the date for our Seventh Annual Conference for Young Women Affected By Breast Cancer, which will be held February 23rd through the 25th in 2007 in Alexandria, Virginia. Once again, thank you to our presenters and I thank you all for listening. That concludes our program for the evening, thank you all and good night.

(END OF TRANSCRIPT)