

Sexuality and Intimacy Between Couples Facing Terminal Illness

Megan Johnson

According to Tie and Poulsen (2013), couples therapy is a growing field with much attention given to diverse populations. Additionally, sexuality and intimacy between couples are highly researched areas. However, according to Tie and Poulsen (2013), little research has been dedicated to those couples affected by end-of-life issues, as sex and death are two of the most avoided topics in modern society. Given the importance of sexuality and intimacy within the context of a romantic partnership and the severe interpersonal and intrapersonal disturbances caused by a terminal illness, it is imperative that issues surrounding sexuality and intimacy at end-of-life stages are openly addressed with patients.

Threats to Emotional Partnerships

For the purpose of this paper, “a couple” refers to any intimate relationship in which both parties are committed to each other. This definition includes legally married couples, non-married couples, or couples unable to wed because of legal or financial barriers.

A terminal illness diagnosis within any intimate relationship puts an enormous amount of emotional stress on a couple. According to Tie and Poulsen (2013), couples coping with a

life-limiting diagnosis feel a range of emotions including anger, depression, guilt, and anxiety. Negative emotions can circulate through the romantic partnership and result in increased relational distress. Distress presents within a romantic relationship as criticism, resentment, partner burnout, and a loss of intimacy coupled with sexual disturbances (Tie & Poulsen, 2013). Taylor (2014) explained that some terminally ill patients expressed feeling as if their romantic relationship was dying a death similar to their own.

Terminal illness is regarded as a threat to the attachment bond as it challenges romantic intimacy (Tie & Poulsen, 2013). Tie and Poulsen (2013) found securely attached individuals developed insecurity within their attachment bond as their relational foundation was traumatized by the terminal prognosis. At this stage, there is often an attachment injury leading one or both partners to seek refuge through emotional withdrawal (Tie & Poulsen, 2013). An attachment injury is seen when a partner is perceived as “inaccessible and unresponsive” by their mate, specifically when the terminally ill individual feels in extreme need of their partner (Tie & Poulsen, 2013).

Relational disconnecting presents in a clinical setting as emotional or physical disconnection (Taylor, 2014). Physical disconnection can be initiated by either partner, often resulting in feelings of rejection, jealousy, or guilt (Taylor, 2014). Emotional and physical disconnection among couples often intensifies, and continuous patterns of rejection then develop (Tie & Poulsen, 2013). This is known as circular causality, as each partner's action serves as both

a cause and effect of the other partner's reciprocal behavior. These continuous interpersonal patterns ultimately perpetuate a negative interaction cycle that will continue to escalate.

Therapeutic Interventions Reset Intimate Interaction Cycles

Many couples become caught in a negative feedback loop following the trauma of one partner receiving a terminal diagnosis (Tie & Poulsen, 2013). Eventually a barrier forms, and the intimate connection shared prior to the diagnosis is obstructed (Tie & Poulsen, 2013). According to Taylor (2014), patients within oncology and palliative care units favor the chance to express concerns regarding their sexual difficulties to persons within the helping profession, as these patients are often unsure of how to broach the topic of sexuality with their partner or a therapist.

Emotionally focused couples therapy (EFT) works to reconstruct negative interaction patterns by facilitating open communication between partners. EFT therapists operate on a theoretical belief that relationship problems stem from difficulties in processing emotional experiences (Tie & Poulsen, 2013). Communication of feelings, followed by partner acceptance of those feelings, rebuilds a sense of security within the intimate relationship (Tie & Poulsen, 2013). According to Taylor (2014), couples express a need for a professional to facilitate conversations concerning sexuality and intimacy. By using EFT to enable honest sharing by couples, a therapist is able to help those couples establish deeper intimacy (Tie & Poulsen, 2013). Thus, a therapist starts a framework for a mutually supportive relationship and identifies new ways

for couples to connect (Tie & Poulsen, 2013). This emotional intimacy permits couples to craft a life around the illness while maintaining an intimate connection.

Research indicates that after openly discussing the changes in their relationship, couples feel a reconnection with their partner and a diminished sense of rejection (Taylor, 2014). Reconnection permits couples to redefine sexuality and intimacy within their romantic partnership. At this stage coupled individuals no longer focus on sexual behavior and sexual intimacy to form closeness (Taylor, 2014). The emotional intimacy established within a relationship during EFT allows pairs to achieve sexual satisfaction and intimacy in new ways. Although sexual intercourse and sexual satisfaction may be present, a sense of connection is met through non-sexual touch, a sense of belonging, and a renewing of loving ties (Taylor, 2014). The freedom to touch without the expectation of intercourse lets couples find momentary solace from the reality of the illness and the looming outcome (Taylor, 2014). The reciprocal relationship within the redefined emotional and physical connectedness of the couple fosters a deeper intimacy in the coupled relationship and allows the partners to more fully embrace each other in their new reality.

Conclusion

Sexuality during end of life is an area of discomfort for patients, spouses, and helping professionals, and it is an area within the field of counseling and medicine that is frequently avoided. Yet research has shown that although patients are unsure of how to raise the topic, they would like to discuss sexuality

and intimacy with a helping professional. As such, the responsibility lies on the therapist to seek information from his or her patients about the impact of their life-limiting condition on romantic intimacy. Emotionally focused couples therapy focuses on repairing the attachment bond of couples who have suffered injury from the trauma and lingering effects of a terminal diagnosis. A therapist specializing in EFT is able to concentrate on developing open, relational communication patterns

that reinstate emotional security between partners. The established emotional intimacy permits couples to attain sexual fulfillment and experience intimacy anew.

References

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About the Author

Megan Johnson is an M.Ed. student in the School Psychology and Counselor Education program with a concentration in Clinical Mental Health Counseling. Her research interests include patients and family members coping with chronic and terminal illness. She is currently an intern in Emergency Services at the Colonial Behavioral Health Community Services Board in Williamsburg, VA.