Hypnotherapy for Pain Management, Self Esteem, and Re-establishing Sexuality and Intimacy After Surgery

Part 3: Neuroscience and Ancient Sexual Teachings – expanding and exploring strategies to re-establish and enhance intimacy for individuals confronted with the effects of surgery / illness where genitals have been reconstructed or removed, or genital functionality is permanently impaired

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Abstract
Various types of surgery and some illnesses can affect sexual functioning and consequently self esteem and intimate relationships. As outlined in Parts 1 and 2, this article series contends that the application of psycho-education, counselling and hypnotherapy can aid in addressing those issues. Part 3 further provides the reader with the latest findings in neuroscience, and discusses the notion that contemporary sexual practices are lacking in understanding and insight into the expansiveness and potential of human sexuality. It also examines how neuroscience has provided compelling evidence that we need to resurrect ancient sexual practices in order for recovering patients to enhance intimacy with their loved ones and develop healthy self esteem. A discussion of how those ancient techniques can be applied to address modern issues relating to sexual functioning after surgery and illness is also addressed. Essentially, neuroscience discoveries continue to strengthen and support the principle of the mind-body connection, thereby providing opportunities to use hypnosis to assist people in recovery from these surgical procedures.

Introduction

The effects and impact of a radical breast mastectomy, pelvic exenteration, colorectal and prostate surgery, as well as other genital surgeries, can be confronting and overwhelming to patients who have undergone these procedures. The physical side effects of these types of surgeries can include a loss of sexual function. Where genitals have been removed or the nerve supply has been compromised, orgasm may no longer be possible. Other symptoms of sexual dysfunction can include loss of libido (which may return after recovery / healing has occurred), impotency, diminished lubrication and inability to ejaculate (American Cancer Society, 2014).

Feedback from rectal cancer surgery patients determined that "surgery made sexual life worse" and that "sexual problems after surgery for rectal cancer are common, multifactorial, inadequately discussed and untreated" (Hendren, O'Connor, Liu, Asano, Cohen, Swallow, MacRae, Gryfe & McLeod, 2005).

Where significant operational scarring is present and / or the patient needs to use urinary and faecal collector bags or similar devices, then body image acceptance can be compromised and result in profound feelings of shame and embarrassment. In many of these cases, self-degradation is also common (Fingeret, Nipomnick, Guindani, Baumann, Hanasono & Crosby, 2014; American Cancer Society, 2014).

Another typical post-surgery reaction is the patient's overriding fear of being abandoned / repulsed by a partner. Furthermore, not being able to perform and satisfy a partner can trigger many emotional responses such as low self esteem and self worth, as well as hopelessness, as expressed by Malcolm (case study) in Part 1 of this series of articles (Stephan, 2013).

Patients, who undergo any of the aforementioned surgical procedures, find that the first point of contact for information is usually from the surgeon who performed the operation. For the most part, surgeons provide advice on the possible impact of surgery on sexuality. Advice usually centres on what is happening physiologically, that is, the disconnection of nerve pathways and interruption of blood flow to the genital area, which may result in loss of ability to achieve erection and / or orgasm (American Cancer Society, 2014).

However, medical explanations are not enough to address the emotional concerns of patients who might be experiencing sexual dysfunction as a consequence of their surgery. To redress this situation, treatment for body image distress needs be provided to this particular patient population at the earliest possible time (Fingeret et al., 2014). These issues are very real and must be empathetically addressed. It is, therefore, critical that patients be given adequate information about their physiological and psychological healing process, as well as strategies for enriching their sex lives and relationships if they encounter sexual dysfunction. Counselling and hypnotherapy are excellent options to assist in that process.

Psycho-educational Discussion

Understanding brain functioning and subconscious programming is fundamental to creating an awareness that can lead to new ways of strengthening intimate relationships. While the brain is complex, it is believed to be made up of up three main segments known as the Triune Brain (MacLean, 1990), consisting of the reptilian brain, mammalian brain, and the rational brain. Copious nerve pathways that constantly and instantaneously communicate with each other connect all segments (Robinson, 2009; Komisaruk, Beyer-Flores, Whipple, 2006).

The **reptilian brain** (Archipallium) is the oldest and most primitive part of the brain. It is instinctive, governs self-preservation and aggression, and is responsible for life sustaining programs such as respiration, circulation, sleep and muscle co-ordination.

The **mammalian** brain (Paleomammalian) is commonly known as the limbic system or emotional brain. It is responsible for emotional bonds, and is the seat for most of our drives and desires, including hunger, mate selection and sexual urges. This part of the brain governs how we fall in and out of love, experience orgasm, repeat what is pleasurable, and avoid what is disagreeable.

The **rational brain** (Neopallium), also known as the neocortex, is the largest and youngest of the brain structures. This part of the brain relates to higher-order thinking, reasoning, language, and intellectual tasks.

Even though we believe we can make decisions logically, it is the mammalian brain that significantly influences our decision-making processes. Even though the rational brain is the largest of the brain structure, it ultimately relies on, and is directed by, the mammalian brain (Robinson, 2009).

The reward circuitry structure is a group of neural structures in the brain that are small, but exceptionally powerful. The brain structures which compose the reward system include the Ventral tegmental area, Ventral striatum (specifically, the Nucleus accumbens), Dorsal striatum, Prefrontal cortex, Anterior cingulate cortex, Insular cortex, Hippocampus, Hypothalamus, Amygdala, and the remainder of the Extended amygdala (Malenka, Nestler & Hyman, 2009). This ancient structure starts in the brain stem, passes through the mammalian brain, and ends at the front of our rational brain. It is what drives us to connect with others, eat, drink, take risks, and to pursue romance and procreate. We also repeat behaviours that encourage our survival (ie. passing on our genes). The reward circuitry system serves our genes first (Robinson, 2009). Humans may long for healthy, harmonious and long-term intimate relationships, but this system urges us beneath conscious awareness to behave impulsively at time by twisting our values (Robinson 2009). Indeed, these brain structures and neurochemicals govern and influence our sexual impulses and responses through an unconscious need to achieve our objectives (Robinson, 2009).

The mammalian brain has its own set of rules and it has not changed over the last million years (MacLean, 1990). The limbic system has an inbuilt program that seeks genetic diversity, and often manifests in the 'wandering eye' that may lead an individual to seek sex outside of a relationship and multiple sexual partners. Although both programs emanate from the mammalian brain, the program for sexual impulse is not the same as the program for bonding (Robinson, 2009). The unconscious sexual impulse program is what contributes to the reduction in sexual intensity in relationship once the 'honeymoon' period is over at the beginning of new relationships (Robinson, 2009).

The chemicals (hormones and neurotransmitters) that flow through the brain and body are messenger chemicals that profoundly affect and influence behaviours, moods, urges, and feelings of love or fear (Lipton, 2005; Robinson, 2009). It is critical for therapists to have an understanding of some of these chemicals in order to comprehend how the mammalian brain uses them to achieve its programming in pursuing genetic diversity. It is also essential to be able to communicate this information to clients where appropriate. (This is only a brief review. Several other chemicals including testosterone/oestrogen, and serotonin have a significant role in sexuality, intimacy and satiation responses.)

Oxytocin is well known as the love hormone. The most observable way in which this chemical works is to examine what happens when a mother has just given birth. Her entire system is flooded with high levels of oxytocin. While an independent person may look at the newborn and think, "oops, hope that head re-shapes" or "hope the baby grows into those enormous ears", for the most part the mother falls hopelessly in love with her new baby (due to the oxytocins) and can only see beauty. This chemical release is genetically programmed, and also enables the bonding process to ensure the child is nurtured and survives. This connection is reinforced as the mother and child touch and cuddle, continually facilitating the release of oxytocin. In human mothers and other mammals this bonding process is especially strong due to the long time needed to raise their young. (It must be noted that there are some circumstances where this natural bonding does not occur such as postnatal depression, but an examination of these exceptions is beyond the scope of this article.)

Dopamine activates the reward system. Food or alcohol cravings, gambling addictions and more are a consequence of the reward circuitry activating. People don't necessarily want the things they crave, but they want to experience and re-experience the feelings associated with the rise in dopamine levels (Robinson, 2009). Similarly, many people experience profound urges of wanting or acquiring something, but once they possess or experience it, the intensity leaves them until the next time they demand to be sated (Robinson, 2009). Dopamine is released in response to expectations, rather than actual levels of pleasure. It rises when individuals become aroused. During sex, arousal shoots dopamine levels upward. Dopamine peaks at orgasm and, if sufficiently intense, can lead to altered states of consciousness. The idea of attracting potential mates is often overwhelmingly compelling, due mainly because of the dopamine released in our reward circuitry. This is a subconscious process whereby the rational brain takes a passive role and rarely takes control.

Prolactin is the neurochemical that creates the feeling of satiation. It is what programs the "I'm done… Goodnight" effect, experienced mainly by males after ejaculation. This ancient internal software program basically says, "I've done my job. I've procreated successfully".

In my hypnotherapy practice, I playfully describe this process as "ELFS" syndrome to my clients. Women in particular can identify with the analogy of a partner who "**E**jaculates, seemingly **L**evitates, does a 180 degree **F**lip, and is often **S**noring before his head hits the pillow" while the woman is left feeling "HUH... is that it?" Prolactin is the real culprit within this scenario. Its levels will determine a man's ability to either continue (experience multiple orgasms) or, as is the most reported feedback, experience emotional and physical disconnect from his partner by seemingly withdrawing from all levels of intimacy. Once couples understand this chemical process and its after coitus impact, it can facilitate in helping men move away from the guilt they often feel, as well as the woman not taking the response as a sign of rejection or rudeness.

Prolactin is also part of the mammalian stress response, associated with long-term anxiety and despair (Robinson, 2009). In new lovers this process is less keenly experienced due to other highly stimulating 'honeymoon' neurochemicals such as testosterone, oestrogen and oxytocins (Komisaruk et al., 2006).

The release of prolactin is effectively the opposite of dopamine and, as dopamine levels plummet, other problems can be observed. Extremely high or low levels of dopamine are well documented in mood and depressive disorders (Robinson, 2009). The mammalian stress response activates the sympathetic nervous system, experienced as the 'fight, flight or freeze' response (Robinson, 2009). Cortisol levels rise, cortisol being a stress hormone.

The outcome of these chemical changes have been researched and documented as an approximate two week cycle of moodiness and depression that accompanies orgasm in both the male and female (Robinson, 2009). Because orgasm feels good, individuals do not associate it with any subsequent negative feelings of annoyance and detachment. In fact, the mammalian brain merely creates and uses a cycle of wanting the next orgasm to feel good again. The neurocortex tries to make sense of this, and many couples often describe how their initial intimacy connection is no longer present, even after wild fantastic sex. Furthermore, all those day-to-day activities effectively escalate and annoy each other (ie. "he won't put the toilet seat down", "she is a moody bitch", or "if he / she cared about me they wouldn't do…" etc). Feelings of depression and separation (low / high dopamine and prolactin cycles) invariably lead to an individual creating a sense of "it's just not there between us any more" as a justification for why they feel that way, often resulting in changing partners so they can experience the honeymoon period all over again. We then continue to repeat the cycle long-term. Our procreation program continues indefinitely, mediated by the chemical of excitement (dopamine) versus detachment (prolactin). This rollercoaster ride of chemicals is part of the process of addiction, stimulation and reward. Sex is as powerful an urge as craving a piece of chocolate cake. Eventually individuals will justify staying in relationship for all sorts of other reasons, but what is often really yearned for is the initial

deep feelings of connection that we experienced when oxytocins were surging through our system.

Maintaining Intimacy is Achievable Without Physical Sexual Activity

The western view of human sexuality and orgasm is based on a 'frictional' model, which primarily centres around the stimulation of the head of the penis and the clitoris (Komisaruk et al., 2006). Other sensitive areas such as the G-Spot (short for Gräfenberg Spot) in women, as well as the prostate in men, can also be stimulated to orgasm (Komisaruk et al., 2006). These locations are primarily areas of significant nerve supply that respond to stimulation. Personal preference is also very much part of human sexuality so what might be stimulating for one individual, may be repugnant to another individual (Komisaruk et al., 2006).

Many couples have found that holding hands and cuddling is often enough to maintain a deeply loving relationship and connection, as well as to express intimacy. They may also choose not to pursue a physical sexual relationship for various personal reasons. Indeed, many people are just happy and grateful for their partner to be alive after surgery, as well as to be able to keep sharing their lives.

Depending on comfort and pain levels, a simple and easy way for partners to reconnect and instigate intimacy is to cuddle, using the 'spooning' method (Muir & Muir, 1989). Spooning is also a nurturing, comforting and healing experience, and needs to be implemented as soon as possible after surgery / hospital release to facilitate intimacy and to reconnect (Muir & Muir, 1989). Spooning can be done with or without clothing. Some positional adjustments may be necessary depending on any surgical impacts, as well as their physical comfort. Spooning will facilitate:

- Instigating of healing and regenerative energy after surgery
- Helping to balance and soothe emotional ups and downs
- Reconnecting, increasing and supporting feelings of intimacy and love between couples.

Spooning is part of ancient Tantric practices (Muir & Muir, 1989), but the benefits are based in the more recently re-discovered healing benefits of human touch. Indeed, 'Therapeutic Touch' is a well researched and accepted holistic tool used in nursing (Herdtner, 2005).

Orgasm is Achievable Without Ejaculation

Karezza is a model of sexuality borrowed from Taoist and Tantric principles that in its original form teaches the male to not ejaculate (Bass, 2009). Effectively this has several positive effects on intimate relationships, especially those where the male has had some kind of surgical intervention that has compromised his ability to have sex. The main concept as described by ancient traditions is "Do not waste the seed" (Bass, 2009). It maintains that ejaculation should only be used for procreation. The ancient teachings assert that ejaculation is stressful on the male system and is a main contributor to the detachment and fatigue levels experienced after sexual intercourse. By extension it was also said to have significant health implications.

Semen is specifically designed for procreation and, as such, contains the best quality nutrients necessary for procreation. When a man ejaculates it can take several weeks to months for sperm content to reach full potency again. Effectively, his body continues to be stripped of vital nutrients to ensure high quality semen. The overall effect is depletion of his resources that support his own health and wellbeing. Even after a vasectomy, while there may be no live 'swimmers', the nutritional content of semen is not diminished and, as a consequence, the male continues to sacrifice his own health to produce the best quality possible semen. Additional benefits of not pursuing ejaculation include the reduction of prolactin and dopamine production, which lead to the inherent moodiness and depressive states (Robinson, 2009).

While western traditions believe ejaculation and orgasm are one process, in fact, the Karezza philosophy claims they are separate and it is possible for the male to achieve orgasm without ejaculation. Karezza and Tantra both provide details of how to avoid / inhibit ejaculation. One of the benefits claimed in Karezza principles is that the male can continue having sex indefinitely, allowing as much time as is necessary for the female to orgasm (Bass, 2009). Indeed, Karezza focuses on creating loving attention and connection and bonding behaviour. It is not based on (unconscious) biological urges. While it does take time and dedication to master non-ejaculation, the effects and health benefits are profound and long lasting for the male. The benefits for relationships are also enhanced as it seeks to recreate connection and bonding and, accordingly, increases oxytocins levels (Richardson, 2004).

Bass (2009) states:

> Standard sex is short sex. It last 15 minutes perhaps, and since the average woman needs more time just to get warmed up, standard sex is seldom satisfying for a woman. And it's also a kind of punishment for a man because when a man has an orgasm, he loses his sexual drive and physical power, and has to wait for weeks to recuperate. Karezza is completely different. First of all it is deeply satisfying for women, allowing multiple female orgasm and increased excitement for men.

Mastering ejaculation control assists with confidence and gives the man a sense of control in the bedroom, significantly boosting his ego, and significantly increases intimacy and self esteem. Individuals who practice Karezza also report experiencing a sense of health and wellbeing via prolonged touching / holding / caressing during intimate activities (Bass, 2009). When bonding behaviours and oxytocin levels rise, the parasympathetic nervous system is dominant and the body is able to experience relaxation and regeneration. This state of wellbeing is life enhancing for an individual.

Tantra is another ancient sexual practice through which people, experiencing post-surgery difficulties, can experience sex differently. Documented cases of atypical orgasm in persons after spinal cord injury (Komisaruk, 2006) also raises possibilities of alternative options. In particular, Tantra can be used to experience higher and

alternative states of awareness, as well as sexual ecstasy, even for those individuals who do not have genitals due to surgery or illness, as experienced by Malcolm (case study) (Stephan, 2013).

Orgasm, as is understood and experienced by people in contemporary society within the Western world, is driven by procreation and is known as the 'peak orgasm'. Tantra is about the experience of prolonged and health giving 'valley orgasms'. These types of orgasms embody the concepts of energy interchange that occur between males and females, and is often about re-capturing and re-experiencing the elusive feeling of attraction, as well as falling and staying in a deeply contented feeling of love. The valley orgasm is an extended state of bliss and contentedness that is often only experienced in the beginning of new relationships within the so-called honeymoon period. It is a result of increased oxytocin levels (Robinson, 2009).

One of the exercises I use with my hypnotherapy clients is to get them to hold up their pointer finger and focus on it. After a few seconds they can usually feel tingling and an increased awareness in it, typically experienced as a subtle expansion of the finger. I then get them to put the thumb and first finger of their other hand together and then very gently and extremely slowly, with a soft touch, run it down from the tip and along the length of the pointer finger they are holding up. If done slowly enough, they will invariably feel tingling sensations in the pointer finger being gently stroked. I then get them to rub with the same fingers albeit using more pressure and slightly faster, simulating the stroke rate during intercourse. After a few moments the pointer finger becomes numb. This is a good example of the difference between standard sex and tantric sex. Traditional sex requires a lot more stimulating techniques that are more goal-orientated towards achieving sensation-based responses and orgasm. Tantra, however, is more about heightened sensitivity and expanded awareness of both partners' energies that lead to a different experience of energy exchange. Of significant importance is the concept of negative and positive polarities between partners. Both Karezza and Tantra focus on long slow movements to increase sensitivity and ultimately to change the experience between couples.

Chilean psychologist Franciso Morena Tellez (2003) describes Tantra love making as "transorgasmic sex", which he says is based in thermodynamics (energy of the body).

> With transorgasmic sex there is a profound difference from the ordinary way of making love. The difference is felt in the body in all the senses, it is also felt at the emotional and mental level, after you make love when you lie next to your lover, you feel both energised and relaxed, you feel loving, your mind is clear, silent. You don't feel pain or anxiety. You look at your partner and you feel magnetism, attraction. When this way of making loves becomes a habit, this harmonious sensation of power and light being, accompany you throughout your day. There is a transcendent and alchemical process of transmutation. We can create a new consciousness; we can have more energy and insights from the unconscious body.

> One feels better and more alive. This is not a theoretical thing. Instead of reaching climax all at once and in an irreversible way, the couple can enjoy many less intense sensations, which together, produce boundless joy and pleasure. This reaction doesn't happen in an explosive way, but rather in an implosive fashion. There is a feeling of internal liberation without ejaculation or violent discharge of energy. The energy moves inward, nourishing the lovers, and is deeply transformational. It affects our consciousness and biology of our relationships. It catalyses vital emotional and cognitive process. We can feel more lucid and inspired and have more energy vitality and love for our partners

So what is the crucial different about making love in a tantric fashion? It encompasses the techniques of pair bonding in a relationship, which in turn has the ability to light up our reward circuitry, stimulating the oxytocins that relax us and contribute to all of those internal healthy life affirming cellular processes within the body.

The pair bonding process is what is initially felt in the intensity of new relationships and the feeling of "this is the right person forever for me". It can be re-established and will change the way in which individuals see themselves and their partners. It is not even that their idiosyncrasies won't bother the partners so much anymore; it's that both individuals will naturally and unconsciously change behaviour. (This is not to say that they lose their independence or sense of self. These aspects are actually heightened; they do still get to fight and argue!)

The role of expanded energy awareness is also fundamental to tantric principles and is felt in normal day-to-day experiences as contentment and peace. Tantra is also known as "Making Love as Meditation". For individuals who have previously meditated, the experience of an expanded sense of self while focussing internally is well known. It is also crucial and fundamental to the tantric process.

A simple exercise to help clients is the following:

> *Place a pillow under your knees and lie down comfortably with spine, neck and head as flat as possible in alignment. The feet should be slightly turned in and the hands lightly touching the thighs. Now just focus on your breathing.*

(Clients will often ask, "Why focus on breathing"? Explain that the main reason for it is that it keeps their mind on the here and now. They can't take a breath in the future or in the past. Focussing on breathing keeps them connected to self in the present moment.)

> *If you catch your mind wondering about other things, just acknowledge it, let those thoughts go, and bring your attention gently back to your breathing. Just allow yourself to connect to your body sensations of tingling, relaxation and subtle expansion. You may also remember and connect this with the feelings you often have just before falling asleep. If you find yourself falling asleep, then just*

do the exercise again in the morning… just reconnect and re-sensitise yourself to feeling the energy of your body. Just like any relaxation or meditation practice, this can occasionally take time to implement and create in your life. This is the feeling you want to connect with first within yourself and then with your partner. When both you and your partner are able to experience this as individuals, you can also intensify it when you come together. There is a uniting of energy fields… an energy exchange… and the result is an incredible experience of energetic connection and bonding that leads to states of unimaginable bliss and ecstasy that stays with you indefinitely.

Conclusion

Contributions from neuroscience lend new understandings of the processes within the brain and, in particular, how our fundamental unconscious requirement to create offspring can drive our basic urges and patterns. While this biological imperative has not changed, we no longer are slaves to it due to changed ability to manage fertility and pregnancy.

The primitive limbic system, however, is not concerned with this and continues to operate with its original and relentless programming. The positive news is that we are able to consciously incorporate other processes and techniques to offset the chemicals that are programmed to subtly undermine and take the lustre out of our long-term relationships.

We can change our beliefs and responses, create new neural pathways in our brains, and provide our cells with healthy neurochemicals. By also changing our behaviours, we can override the program of genetic diversity (via constant ejaculation) to that of connectiveness. By strengthening pair bonding behaviours that create more oxytocins and other life enhancing neurochemicals, we can find joy and bliss with our partners. As we move out of the frictional model and cycle of traditional sex that increase those chemicals of addiction (dopamine) and separation (prolactin) to health enhancing oxytocins we move towards increased health and longevity. Oxytocins place the individual in the parasympathetic nervous system, which offers rest, relaxation and rejuvenation.

By creating joy and bliss chemicals, our internal vitality and energy changes, as does the way we relate to the world. As we reconnect to our energy, the way we relate and experience other people changes for the better. We feel the connection, the magnetism, and attraction that is part of the real elusiveness of pair bonded relationships.

For those individuals affected by illnesses including cancer and surgery who may be without (functioning) genitals, the positive effects of pair bonding activities will greatly assist with healing and production of healthy neurochemicals such as oxytocins. Adding an understanding of the energy component found within Tantra and Karezza teachings to our therapeutic toolbox also offers a viable option

to explore and leverage these ancient principles to move towards experiencing ecstasy and bliss of connection and loving intimacy with another person.

As a consequence, counsellors and hypnotherapists can assist clients towards life enhancing healthy emotional states that can reduce pain, as well as increase confidence, self esteem and self worth. Hypnosis becomes a significant tool in facilitating this process especially with vulnerable clients who need to integrate new information, as well as create possibilities for the unconscious mind to manifest new options for sexuality and intimacy after surgery.

As Plato once wisely said, "The greatest mistake in the treatment of disease is that there are physicians for the body and physicians for the soul, although the two cannot be separated".

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Eleonore is a Graduate of the Australian College of Hypnotherapy with an Advanced Diploma of Clinical Hypnotherapy and Psychotherapy, and Master NLP Practitioner. She is a member of the Australian Society of Clinical Hypnotherapists (ASCH), Australian Hypnotherapists' Association (AHA), National Hypnotherapist Register of Australia (NHRA), and the International Medical and Dental Hypnotherapy Association (IMDHA). She holds certifications as an International HOPE Pain Management Coach, Quit Smoking Specialist, Weight Loss, Allergy Elimination, and is a Certified Life Coach. Her main area of focus has been to gently assist her clients to overcome and transform out of some of life's toughest experiences of illness, grief, trauma and abuse. By providing a supportive and safe space for discovery and transformation, she offers a unique integrative approach to addressing Post Traumatic Stress Disorder (PTSD) and Trauma. Eleonore connects with her clients with compassion and insight that can lead to profound healing and resolution of long standing personal issues. She has a special interest in working with clients impacted by the effects of illness, surgery, and cancer to address relationship and intimacy issues. Eleonore is regularly invited as a guest speaker at woman's groups, and is passionate about motivating others to reach their full potential.

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