Intimacy and Parkinson’s

Parkinson’s, like many chronic illnesses, can change the dynamics of a relationship, particularly when it comes to intimacy and sexuality. Exploring new ways to connect and communicate - whether you have Parkinson’s or you care for someone with Parkinson’s - will help strengthen your relationship. Here are some suggestions for creating a deeper intimacy with your loved one.

Communication

» Many couples do not openly talk about sex and intimacy, relying on predictable, non-verbal patterns of sexual expression (such as a look or touch). Parkinson’s may result in physical or emotional changes that can change these established patterns, so maintaining open communication about feelings and emotions is important.

» Parkinson’s may cause changes in facial expression that can be interpreted as lack of interest. Communicate your needs and listen openly to your partner’s needs.

» We all have doubts about our appearance and insecurities about how our bodies may change over time, whether or not we have an illness. Express your love and appreciation for your partner on a daily basis. Knowing that your partner still cares and needs you is of great comfort.

» The divorce rate in the U.S. is over 50 percent, so it’s not only people dealing with illness that have difficulties. A strong friendship, based on caring and communication, is vital for staying together. Share your thoughts, feelings and concerns, and encourage your partner to do the same. If you can learn to express your frustrations with one another, you will be less likely to build up anger and resentment.

Sex

» Changes in mood such as depression or anxiety may result in decreased libido and desire. In addition, erectile dysfunction and/or difficulty achieving orgasm are sometimes reported by people living with Parkinson’s. Counseling and/or medications may help treat these common symptoms.

» For some, the symptoms of Parkinson’s, such as fatigue or stiffness, may make the sexual act different or more difficult. Be creative; try new positions or roles.

Staying Close

» Life and our hectic schedules can get in the way of spending quality time together. Remember the things you enjoy doing together, and remind one another what you love and appreciate about the other.
Parkinson’s can be unpredictable, so do not be disappointed if things do not go as expected. The most important thing is to remain flexible and sympathetic to our partner’s needs.

**Intimacy**

- Intimacy isn’t just about sexuality; it involves mutual respect for each other’s spirit and autonomy. You can still reap the benefits of closeness by sharing time together and using touch in affirming ways that are not reliant on sexual performance. Hold hands, hug or cuddle as an expression of love and intimacy.
- As Parkinson’s progresses you can find intimacy in cares, such as the bathing and dressing processes. Massage to alleviate constipation can be a tender act.
- At the same time, this necessary but tireless routine can be joy-killing. Take time for one another outside the required cares. Simply sharing a meal or watching TV together can be a special event. Or plan a weekend getaway, to a destination that provides care assistance if necessary. These efforts are vital for your relationship.

**Patience and understanding**

- As we grow older, our bodies may not respond or perform as well as they used to. Maturing is about being comfortable with who you are and staying open to self discovery.
- Realize that the illness can either help bring you and your loved one closer together or push you further apart, depending on how well you are able to cope with challenges. The strength of your bond prior to illness also plays a role. Acceptance and understanding will help you both deal with any problems within your relationship.
- Be patient. Remember that the goal in sexual intimacy is mutual enjoyment. Emphasize comfort and pleasure, not performance.

**Getting Help**

- Never be afraid to ask for help if you feel that you need it! Sometimes a professional counselor or therapist is needed to improve your existing communication.
- Talk with your doctor, counselor, or social worker about feelings of depression, concerns regarding changes in sexual performance or difficulties with current relationships.
- An occupational therapist may offer practical strategies related to bed mobility.
- Medication, and/or a recommendation for counseling may be advised.