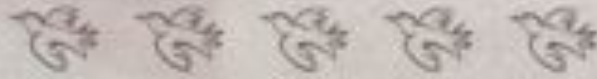


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Intimacy Rx



Cindy Hubiak and Steve Frohman re-evaluated their intimate relationship after his prostate surgery. JULY 2011



Scottsdale couple share how they repaired
their sex life after prostate surgery

By **Connie Midey**
The Republic | www.azcentral.com

A satisfying sex life is good medicine, with benefits ranging from a stronger cardiovascular system to better sleep and improved mental well-being.

The equation works in the other direction, too, with good health extending your sexually active life. University of Chicago researchers and others have found.

But what happens when aging or health problems or the medicines and surgeries to treat them interfere with satisfaction in the bedroom?

Steve Frohman and his wife, Cindie Hubiak, confronted that question four years ago, after he had surgery for prostate cancer. In the process, they recognized an issue they long had ignored.

"Doctors often share that your sex life before a diagnosis is what you can expect after treatment," says Hubiak, author of "A Woman's Guide to Thriving After Prostate Cancer." "I realized ours had become less intimate well before the diagnosis."

The Scottsdale couple, who since have

“One of the key lessons was to look at sex in a whole new way.”

CINDIE HUBIAK
Wife of prostate-cancer survivor

founded the Solutions for Intimacy coaching program, agreed that improvement was needed, but not, at first, on how to achieve it.

"I had this image of when I was still in my teens and early 20s," Frohman says. "That's what I was trying to regain."

What the two learned from research and lots of practice continues to help them as they face a new challenge — Frohman's diagnosis in June with Parkinson's disease. In this conversation, they talk about life after prostate cancer.

Question: What are possible physical side effects of prostate-cancer treatment that can affect a couple's sex life?

Frohman: The main one that gets the publicity is potential lack of frequency

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of erections. Another possible side effect is incontinence.

Hubiak: I've met people who have relatives who passed away from prostate cancer because they were afraid their sex life would not be what they wanted if they got treated. Steve and I are here to say our sex life is so much better. Treatment is not something to be afraid of.

Q: What about emotional side effects?

Hubiak: Men often want to make sure they win at what they do. After prostate cancer, they may not know what sex looks like. They're more reluctant to try something that may not work the way it worked before. This is a message to women that taking more initiative with their intimate life may be important for a couple's recovery.

Frohman: After surgery, I didn't know how much of my capability would come back. The tendency is to wait and give it time. If we had it to do over again, we'd be more proactive, rather than waiting.

Q: What was one of the best lessons you learned during recovery?

Hubiak: One of the key lessons was to look at sex in a whole new way. We, like

many couples, looked at sex as a destination, and now we really view it as a journey.

Frohman: In going through this journey, I learned to focus on fulfillment, rather than on a sexual "event." I define sex more broadly now, not just as physical but as mental, emotional and spiritual fulfillment.

Q: Cindie, in your book, you describe and give examples of the way you learned to communicate clearly with Steve (starting by asking when he would have time to talk and giving him a concise preview of the topic; then, when you talked at the designated time, being precise about what you hoped would be accomplished). How has that worked?

Hubiak: It probably has been the most important thing for Steve and me. I had a tendency to talk to him like I talk to my girlfriends. It didn't work before his treatment for prostate cancer, and it didn't work after. But when I started using the techniques I learned, I got my needs met. I felt heard for one of the first times.

Frohman: Being able to share your innermost feelings with your partner is something men aren't very good at. (The communication techniques) seemed very laborious in the beginning, and certain steps seemed obvious. But it became apparent that it was worthwhile to

go down this path with Cindie. It allowed us to better understand each other and each other's needs. And my needs got heard better also.

Q: What else have you learned that could help couples facing any aging or health issues?

Hubiak: First, the recognition of the grieving process. That applies with any change, whether it's a health change, a job change, a relationship change. It was OK for me to feel depressed and angry and to want things to be different. But staying in any of those stages would not make my life thrive.

Q: Any specific steps you would share with others?

Hubiak: One thing is scheduling time for intimacy. Even this last weekend, there was so much going on, and we just made a point to say "no." So Sunday afternoon — it was going to be 2 o'clock, but it ended up being 3 o'clock — we committed. It was a magical time together. Intimacy has a very broad definition. This is time we devote to each other, with no interferences. That for me has made the biggest difference.

Frohman: What we did as part of the intimacy time was touch and massage each other. Then we slept together.

Hubiak: I found when we started our journey that Steve as a man was touch-starved. So we touch a lot,

just really focused on touching without the goal of a destination. It's something as a man that he doesn't experience as much.

Frohman: One thing that was very helpful early on was talking about what the definition of intimacy was to each of us, because I had the typical male definition that it was an event.

Q: Cindie, will you explain what you mean about taking personal responsibility, the concept you shared in a tip on your Solutions for Intimacy Facebook page?

Hubiak: My tip was to share with your partner what would make Valentine's Day special. I've found that for me and my girlfriends, we have these expectations and our partners often don't know what they are. They want to do the right thing, but we make them guess.

It could be as simple as saying, "I'd love to go out for Italian food on Valentine's Day. Will you make reservations?" That way the man is given an opportunity to make a decision, and the woman can feel surprised.

It goes back to that communication model, just being very clear with each other about our desires. For me, if I'm feeling well taken care of and not disappointed, I feel a lot closer to Steve and a lot more interested in spending intimate time with him.

Reach the reporter at cindie.midy@hariconarypublic.com or 602-444-8126

ROADBLOCKS TO SATISFYING SEX LIFE

University of Chicago researchers Stacy Tessler Lindau and Natalia Gavrilova, in a study published in 2010 in the British medical journal *BMJ*, said they found that "frequency of sexual activity, a good-quality sex life and interest in sex are positively associated with health in middle age and later life."

All the more reason to pay attention to factors that the National Institute on Aging and other groups say sometimes affect sexual function. They are:

Medical conditions. These include heart disease, arthritis, diabetes, high blood pressure, chronic pain and depression.

Medicines. Certain medicines for high blood pressure, ulcers, depression and other conditions contribute to such problems as low sexual desire and erectile dysfunction. But don't make changes in medicine without talking to your doctor.

Alcohol. Drinking too much inhibits sexual response.

Aging. Normal changes as we age include fluctuations in hormone levels. Lower levels of estrogen may cause vaginal dryness in women; lower testosterone may interfere with men's erections.

— Corinne Midy