



Touching someone can be part of healing and comforting. It is part of our natural response to human suffering. Touching, even if awkward, is part of the rich language of human contact. Our sense of touch is one of the first to develop and one of the last to go. Resting a hand on someone's arm, holding their hand or giving them a massage are all ways of being present and fully with them. Gentle and appropriate physical contact is a far more eloquent statement than most words.

Touching meets an instinctive need. Often we take in what another person conveys far more in non-verbal gestures than in words. Touch is therefore one of the single most powerful means of communication we have.

When illness is at an advanced stage, the need for affection and touch may be even stronger. Illness may weaken the body but the desire for intimacy is never lost. If you have a close intimate or sexual relationship with the person you are caring for it is important to maintain whatever patterns of intimacy, sexual and/or sensual sharing that provide pleasure for you both.

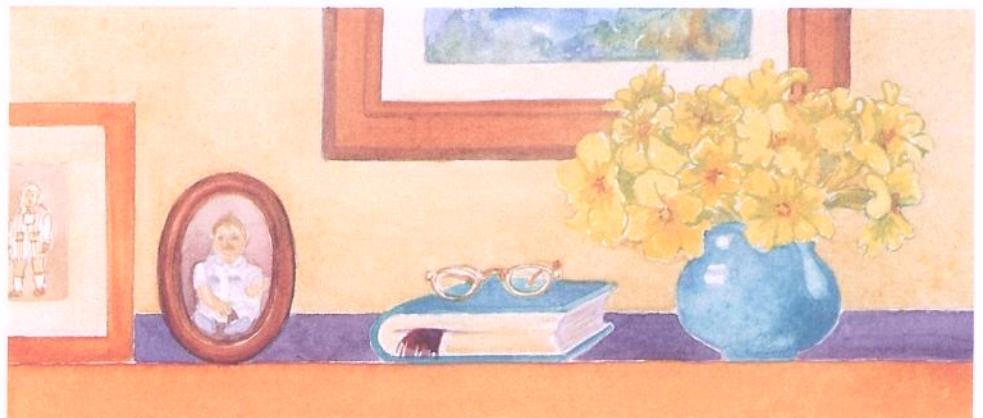
Diminished sexual desire can occur when a person is trying to manage pain, nausea, vomiting, anxiety and/or depression. Partners can help by remembering the importance of physical closeness, even when intercourse may be too much for the ill person.

Illness can change the way people perceive themselves. It may take time for someone to get used to these feelings and it is natural to experience sadness and/or grief during this period. Since sexuality is closely tied up with feelings of self esteem, it is important people recognise and talk about feelings of fear and/or resentment. Maintaining contact and intimacy depends on the courage to be open with one's lover and to express deep feelings. The pain of making that effort is ultimately more productive than the pain of not trying.

It may be advisable to discuss aspects of intimacy with a member of the care team, depending on the nature of your relative's illness and current condition.

Disclaimer

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This information should be read in conjunction with the advice provided by your palliative care team.



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