

Lauren Hixenbaugh (00:01):

Welcome to Living Beyond Cancer. I'm Lauren Hixenbaugh the manager for the WVU Cancer Institute's Mobile Cancer Screening Program, and I'm your host for today's episode. For those that haven't joined us before, Living Beyond Cancer is a series of podcasts created for cancer patients, survivors, and their caregivers. Today I'm delighted to have Elise Glad, a clinical licensed therapist and certified sex therapist. Today we'll discuss a type of counseling that can help people with cancer and their [00:00:30] partners address sexual concerns during or after a cancer diagnosis, helping patients regain intimacy and quality of life. I have had the pleasure several times to listen to Elise speak, and so this opportunity to interview her is really exciting and I hope that those joining us are able to really hear that as we're talking through this really important topic. So thanks for joining us, and I'll let you introduce yourself a little bit further.

Elise Glad (00:56):

Yeah, thank you so much, Lauren. I'm super excited to have the opportunity to [00:01:00] talk to everybody on the podcast today. So just a little brief background on me. I have a bachelor's in psychology from St. Vincent College with a minor in addiction. Doesn't sound similar to Sex with Addiction, but it actually has a lot of cross-references. So I think that space was one where I really started to understand maybe some different counseling spaces and that there was different options instead of just general counseling. That started to open my eyes to sex therapy as a realm, as a possibility for me. [00:01:30] That was my first lead in. But then where I decided to really jump in was when I chose clinical mental health counseling for my master's degree. So I chose the most therapeutic route that I could find, and then when I sub-specialized, I went into sex therapy mostly because I like to consider myself a second generation sexual health provider.

(01:51):

So my dad is actually an OB GYN who specializes in urogynecology. And so from a very young age, I was surrounded a lot [00:02:00] by sex and I was surrounded a lot by the idea of sex and the complications that can come from sexual dysfunction. I mean, 11-year-old me was sitting in with my dad on pelvic exams and 3-year-old me was going to the hospital back when you could still do that, and I had my little hospital bag and I would round with my dad. So I think this has been a realm of my life that I've always been immersed in and I've always found comfort in. It's been a little bit of a journey for me to get here, but I think it's also been a familiar path that I've taken.

Lauren Hixenbaugh (02:30):

[00:02:30] I love that story. The first time I heard it, that just cracks me up. I can totally envision you carrying your little hospital bag around. Yeah, so I love that and I can totally see how you've come around full circle and WVU is really lucky to have you and your specialty with us. Could you tell us a little bit more about how patients find themselves in your office?

Elise Glad (02:53):

A lot of the times I will have referrals, whether that's from their oncology provider, that [00:03:00] might be from their gynecologist, it might be from their urologist, it might be from their surgeon, so it might be from their PCP. I get a lot of referrals, but I would also argue that there's a portion of my patient population that comes from people doing their own research. What I'm hoping for people that the theme that we may be carried through this entire podcast is that you are your own advocate and you are going to be the person that advocates for yourself a hundred percent of the time. And so I have a nice mix I think [00:03:30] of patients that come to me, like I said, from online searching themselves

from knowing that they're struggling with something or from their other providers. So it's definitely varied, but I think it presents me with a population of patients who are all seeking help in one way or another.

Lauren Hixenbaugh ([03:45](#)):

So folks that are coming to your office are not just cancer survivors. Kind of talk a little bit more about the cancer survivors that are coming in because primarily that's our listeners, right? Caregivers, cancer survivors, and then also is there any value in [00:04:00] preventative care during that cancer treatment?

Elise Glad ([04:03](#)):

I am seeing really anybody that's in an oncology space from the start of their diagnosis to the end of their diagnosis and beyond in survivorship. I don't think that I could say I have a large population of one or the other. I really do think I see a lot of people throughout their journey. I think when we talk about how do we discuss prevention in [00:04:30] sexual dysfunction, we're talking about really a multi-level issue, right? Because you get diagnosed with cancer, the first thing that you're thinking of is not your sexual functioning. Very rarely, I think, is that the thing that you think about the first time you hear those words. And so when we're really looking at what opportunities do we have to really step in early on, I think a lot of that is on providers to be able to step in and say, [00:05:00] Hey, we have an opportunity and a resource for you here in sex therapy.

([05:05](#)):

This is something that we can consider for you because for a lot of people, sex, any level of sexual functioning, whether it's with a partner or with yourself, because that's also sex too. Solo sex is important too. When we lose that aspect, that's just one other loss to cancer. There's emotional intimacy loss that comes from that. There's social support that comes from that. There's the endorphins and the dopamine, all of the neurotransmitters [00:05:30] that are released when we have sex and engage in those intimate relationships. And so when we lose all of that really quickly, it can really complicate things. And when we talk about even sex as a coping skill, we're also, again, that's a whole other realm where when that loss happens, it might not be on the forefront of patient's minds, but it should be on the forefront of provider's minds. And so I think that's one of the things that is prevention something that we could talk about. Sure. How do we do that? [00:06:00] I think letting people know that sex therapy is a service that's available to them. Talking to people, even if you're not experiencing sexual dysfunction and meeting with a sex therapist can be helpful. There are some fun things we can do too that don't have to deal with any problems. So I think there's a large option for people or opportunity for people to seek care in a way that they might not expect or need at that time.

Lauren Hixenbaugh ([06:23](#)):

You get a cancer diagnosis. This is not typically the forefront of your thought, but one thing that I often hear [00:06:30] from patients is the word overwhelmed. They have all of the things that are happening in their life and they're so overwhelmed from all the different aspects and avenues. Again, last thought in their mind of sexual health, but how can I encourage folks that once they're feeling maybe a little bit less overwhelmed, because I don't think during that journey at any point, you're going to say you're not feeling a lot of emotions, but at some point, how do we get those folks and encourage [00:07:00] them to seek that type of treatment?

Elise Glad ([07:01](#)):

It takes so much courage to step up and talk to a provider sometimes about what we're struggling with, but a lot of the times we sit in silence and we sit in darkness when our problems really start to hit us. And for all of the survivors that are listening today early, for anybody in the cancer realm that's listening today, if your provider's not asking about it and you're curious and you have maybe you're looking through the pamphlet book that you receive that has every single resource that's available to you [00:07:30] after your diagnosis and you're like, oh, sexual health is an option, don't be scared to bring it up and to talk about it. It can be really uncomfortable. But I think finding it takes a lot of courage to just go through oncology treatment. It takes a lot of courage to go through Cancer. Channel, some of that courage that it takes for you to go through this whole process and talk about what you're struggling with. There is a place for you no matter where you are in your oncology journey to [00:08:00] meet with somebody like me.

Lauren Hixenbaugh ([08:02](#)):

And why is that so important, Elise? Advocacy is important throughout your health journey in general is very important throughout a cancer journey, but can you talk a little bit more about why it's so important to advocate for your sexual health?

Elise Glad ([08:17](#)):

I think when you look at your own sexual health, it's not, it's something that across the board, right, societally, it's supposed to be something that just works. You are not supposed to have an issue with sexual dysfunction. And I think what's so unfortunate, [00:08:30] and the thing that I talk to people about the most is that I wish that was the case. I tell people all the time, my whole goal and everything that I do is to work myself out of a job. I want people to have just the absolute best sex of their life, that they're thriving, that they're doing everything that they can to enjoy sex and to have it be the space that they want it to be. But I think the reality of it is so much of what we're told about sex is that it's not an issue and it shouldn't be an issue, and it shouldn't be something that you [00:09:00] discuss, especially when we're talking about more rural populations, when we're dealing with a little bit of different cultural backgrounds and all of that kind of stuff.

([09:07](#)):

It might not be something that people have ever talked about with someone else before. But I think the safe space that we are able to create as providers, especially as myself being a sexual health provider, is one of acceptance and openness. And I will promise you that there is not going to be something that anybody could ever bring up to me that I have not heard before [00:09:30] it. This is the safest of safe spaces. So I think when we're looking at advocacy and why it's so important, it's multiple areas. It's not just you knowing your body and you knowing that there's an issue or that something's going on. It's also you being able to find that opportunity to talk about something that isn't supposed to be an issue for you ever.

Lauren Hixenbaugh ([09:51](#)):

On the same vein of you discussing things that you haven't heard, I'm sure that what you get a lot are misconceptions [00:10:00] about not just sexual health, but also therapy in general. So can we talk a little bit about that, kind of the misconceptions?

Elise Glad ([10:11](#)):

You're too old to be having sex. That shouldn't be a concern for you. You had cancer, that shouldn't be a concern for you. You've had a mastectomy that shouldn't be a concern for you. Well, you're not a candidate for penile implant. You shouldn't worry about your erections just across the board. [00:10:30] They're too heavy, you're too skinny, you're too sick, you're not sick enough. It is anything that you can think of that somebody would say like, oh, well, that's going to be, I've heard it, or I've seen it, or it's been something that I've talked about with people. And I think the reality of that is there is not anything that I can think of that can stop people from having some level of sexual functioning. Now, one of the really big things that I think [00:11:00] I talk to a lot of my cancer patients about is that how much sex can change after cancer and how different sex can look after cancer.

(11:09):

And I think that is a mooring and a grieving process that I go through with a lot of my patients when things are not the same again. It's just another loss that they've had to go through and deal with. And it's so hard to sit with that and know like, oh, I might not ever be able to have sex the way that I used to with my [00:11:30] partner. And why is that so hard? Again, it goes back to that, oh, this was something that I was never supposed to have an issue with in the first place, and now I am

Lauren Hixenbaugh (11:41):

Robbing people of joy again. Cancer takes another loss from you. And I know you said that at the beginning, but just reiterating that maybe people are on their journey back to healthy lifestyle after surviving cancer, and then this is another thing that gets taken from them once they're finally healing. [00:12:00] So one of the things you and I kind of talked about when we were brainstorming what this podcast would look like is that some of the concern for folks is that they come in, they work with you when you're in therapy, a lot of times you're looking at things, maybe not just the cancer journey, but things in your past that you're having to work with your therapist on. And so they kind of talk through all of those things that can be very emotional. And then dealing with the present issue [00:12:30] is emotional when they're no longer feeling like they have an issue with their sexual health, so then they have to pack up and move to another therapist.

Elise Glad (12:37):

No, no. The way that I practice as a sex therapist is somewhat different than some other sex therapists. So I can only truly speak for myself in this realm, again, because everybody practices therapy differently. But the way that I practice is that if I'm going to support you on your sexual health journey, I cannot just meet you in this idealized version of who you [00:13:00] are as a patient. I can't say, go work on your trauma, go work on all this other stuff, and when you're ready to have sex, you come on back to me, right? I mean, I could do that. I guess there are probably some providers out there. I actually know that there are some providers out there that do practice that way. And again, everybody's able to practice the way that they want to, but I wholeheartedly believe that the ability that I have to help people really through where anxiety, depression, trauma, PTSD, [00:13:30] any other sort of mental health disorders that might impact before during after cancer.

(13:36):

ASECIt's my role. It's the job that I've chosen to do is to help people from start to finish. So I really try to play a role of support for people across the lifespan that they have of, again, whatever that mental health issue was before, whatever the mental health issue is now, and then of also the sexual dysfunction. So I do really try to see people through everything. And [00:14:00] is it just couples that you're working with or just individuals? So I do a little bit of both. I see a lot of individuals. I see a lot of

couples. I think it just depends. Some people I'll see for individual for a long period of time. We'll work through a couple different things, and then maybe we say when we're really ready to take the dive into sex therapy, I tell people sex therapy is kind of like we have the cake and therapy is just the cake, and we have all that kind of stuff.

(14:27):

And then sex therapy is the cherry [00:14:30] on top. So we have all of the base of everything else. But then sex therapy is just a little cherry that we put on at the end. So I mean, sometimes that means you bring your partner in maybe when we're kind of starting to wrap up and what does that all look like? And when we get into the more fun aspects of sex therapy and not the more trials and tribulations that can come with it too. So yeah, I see individuals, I see couples. I see a little bit of everything.

Lauren Hixenbaugh (14:56):

And I think we need to reiterate something that you said earlier regarding [00:15:00] that, is that you're not too old. No, no.

Elise Glad (15:05):

A beautiful story that my supervisor, Dana Kirkpatrick likes to tell. She will tell you that she has had couples come in before where they're older, they're like seventies, eighties, and they're struggling. And with this whole idea of like, well, sex is very different for us, but we still classify it as sex. Is that okay? And I think that is such a, it always is emotional for me because I think why does that [00:15:30] age, why does age have to be again, why does cancer, why does age does lifestyle changes or circumstances? Why do those things have to mean that we no longer engage in any sort of sexual functioning? It doesn't. We are sexual people, we're sexual beings. It's from birth to death. So if we neglect that aspect of ourselves, I think it's terrible and it's not fair. So there is never too old to find some space of what sexual functioning can look like for people.

Lauren Hixenbaugh (15:58):

And I think just from a relationship [00:16:00] aspect in general with your partner, your relationship changes over the years, whether your early career or you met when you were really young or you met when you were older. So I think thinking that you're too old and that sex looks different when you're older versus when you're younger, that aligns with just a person's relationship in general, I think.

Elise Glad (16:24):

Oh,

Lauren Hixenbaugh (16:24):

For sure. So that's really a beautiful statement that things can evolve and change and it doesn't look like [00:16:30] it looked like for somebody else.

Elise Glad (16:33):

Lauren, I think you bring up a really good point too, when it comes to when we have the conversation about that shift in your partner from maybe you were just your normal partner before, you didn't have a lot of caretaking roles, but when that partner becomes sick, when that partner goes through cancer, it is a very different shift that you experience in your marriage and your relationship, whatever you have going on. And getting out of that mindset to then engage in sex can be very [00:17:00] different because

you're coming into it where I don't want to hurt you. I don't want to, what do I need to do? How do I need to change? What can I work on? And so then you're losing all focus on yourself, which then takes away the emotional intimacy and really some of the physical intimacy and enjoyment that could come from enjoying sex because you're still in that caretaking role as a partner of somebody who went through cancer. So that is one of the things that I struggle with a lot for people is like, how do I tell my partner that they don't have to hold my hand through this part [00:17:30] of it, that I'm not a porcelain doll. I'm not going to break the first time you touch me, that you can touch me, that I do want you to touch me. So there's a lot of those. I think things that I help people kind of navigate a lot too.

Lauren Hixenbaugh ([17:43](#)):

I think it's a really important piece that is often overlooked. And if you've ever listened to a podcast episode with us before, one of the main themes that goes throughout all of them is advocating and how important it's for all aspects of your cancer journey. [00:18:00] And this piece is no different. So folks that are maybe outside of WVU medicine, folks that are outside of West Virginia, what should they be asking for when they're advocating for themselves?

Elise Glad ([18:16](#)):

My biggest recommendation for folks is to look for a certified provider or somebody actively seeking certification. So there's a couple of different ways you can do that. And Lauren, I think you have mentioned that we'll be able to link some links below this episode. So the [00:18:30] American Association of Sexuality Educators, counselors and Therapists or AASECT has a provider registry. And that provider registry I think is so important for anybody that's outside of the state to be able to access certified care. So I would most definitely recommend their website and their provider registry. There are actually two other folks in the state right now who are certified sex therapists. One person down in Charleston. Jack Copley is not actively taking patients at this time, but he is a resource, [00:19:00] and that might change. He might open his books up at any time. So he's always one to look at. And then there's also another woman in Fairmont, West Virginia who does a lot with neurodivergent couples and couples in general, Sherry Timco. So there are two other people providers in West Virginia that are working on sexual health. And again, we all kind of have our specialty. So there's a lot of different spaces there. And they're both on the AASECT [00:19:30] registry. So those are always options.

Lauren Hixenbaugh ([19:32](#)):

Great. And can folks work with you via telehealth?

Elise Glad ([19:36](#)):

Yes. Yes. I do telehealth five days a week. So I am in the office four days a week, but on Fridays I'm telehealth only, but I do see telehealth patients all week. So I have pretty open availability when it comes to that from,

Lauren Hixenbaugh ([19:52](#)):

I think the other question people are going to ask often is insurance coverage and cost and that sort of thing.

Elise Glad ([19:58](#)):

Yeah. So [00:20:00] the good news is, is that sex therapy is just filled as regular old therapy. Nothing crazy about it. It's not listed as sex therapy. It's just listed as psychotherapy. So if your insurance covers therapy, they will cover sex therapy .

Lauren Hixenbaugh ([20:13](#)):

So as we begin to wrap up today, I always like to revisit points that we talked about during the episode. So if listeners were to only remember one tip from today's podcast, what would you hope that it would be?

Elise Glad ([20:26](#)):

Yeah, I'm going to sound like a broken record here, Lauren, but it really, [00:20:30] really is. If you are struggling with your sexual health, if you are struggling with sexual dysfunction and you feel like you need some sort of support, reach out to your providers. Reach out to some resources that you can maybe think of. Look at AASECT, look at some of the other things that we've kind of talked about today, and ask for that support. You are the only person who knows your body. You are the only person who knows what you're struggling with. And so if you can find the courage like you found the courage to go through cancer, [00:21:00] to support yourself that way, find the courage to ask your, how can I help myself sexually? And asking sometimes for help is going to be your biggest, and I think the best thing you can

Lauren Hixenbaugh ([21:10](#)):

Do. I really love that, the courage to go through cancer. So if you had the courage to go through, you can have the courage to advocate for yourself. That's really a beautiful sentiment.

([21:19](#)):

If folks were to have additional questions for Elise or for myself, they can go to the Mountains of Hope websites, and that website is [00:21:30] WVmountainsofhope.org. You'll find all sorts of links of resources throughout the state as well as a contact us. You can hop on there and send a question, and we'll get that to Elise. I hope that this episode goes far and wide and we're able to really spread the word about it and really want to thank everybody for joining us today. Living Beyond Cancer is created at the WVU Cancer Institute in collaboration with Mountains of Hope, the State's Cancer Coalition and Cancer Prevention and Control. And [00:22:00] we would really like to thank our special guest today, Elise Glad, for joining us from WVU Medicine and speaking with us, and we hope that our listeners will continue to join us. Thank you so much, Lauren. I really appreciate it.