

Sex & MS

A guide for WOMEN



We hope you find the information in this book helpful. If you would like to speak with someone about any aspect of MS, contact the MS Trust information team and they will help find answers to your questions.

This book has been provided free by the Multiple Sclerosis Trust, a national UK charity which works to improve the lives of people affected by MS. We rely on donations, fundraising and gifts in wills to be able to fund our services and are extremely grateful for every donation received, no matter what size. Please visit mstrust.org.uk/donate to find out how you can support our work.

MS Trust information service

Helping you find the information you need

The MS Trust offers a wide range of publications, including a newsletter [Open Door](#), which provides an ongoing update on research and developments in MS management. In addition it contains articles from people with MS and health professionals.

For a full list of MS Trust publications, to sign up for [Open Door](#) and much more visit our website at mstrust.org.uk or phone 01462 476700.

If you have questions about any aspect of MS, contact the MS Trust enquiry service:

Phone: 0800 032 3839
(Lines are open Monday-Friday, 9am-5pm)

Email: infoteam@mstrust.org.uk

Write: MS Trust
Spirella Building
Letchworth Garden City
Hertfordshire
SG6 4ET

Facebook: facebook.com/mstrustuk
(Join the group and post your questions)

Contents

	Introduction	4
1.	A woman's sexual response <ul style="list-style-type: none">• Sexuality• The sexual response• The most common concepts in female sexual response	6
2.	MS and sexual response <ul style="list-style-type: none">• Loss of desire• Fatigue• Hypersensitivity• Spasticity• Bladder and bowel problems• Finding the best sexual position• Medication and sexual response	9
3.	Self-esteem <ul style="list-style-type: none">• A positive outlook• Physical confidence	27
4.	Intimate relationships <ul style="list-style-type: none">• Communicating with your partner• Rediscovering intimacy	31
5.	Starting new relationships <ul style="list-style-type: none">• To tell or not	36
6.	Talking to health professionals	39
7.	The partner's perspective <ul style="list-style-type: none">• What can I do to help?• How might MS impact on our relationship?	42
8.	Resources <ul style="list-style-type: none">• Games to play• Organisations• Publications• Sex toys and aids	46

Introduction

This book has been produced for women who have MS and want to enjoy a fulfilling sex life.

It's relevant whatever your sexual orientation, sexual identity or relationship status – single, or in a new or long-standing relationship. If you're in a relationship, partners may also be affected, so we've included a section for them to read. It may help them better understand what you are experiencing or feeling, so you can share any problems and work together towards finding ways around them.

This guide explains how MS can impact on your sexual response and offers some suggestions for coping with symptoms that may affect your sex life. It's important to note that not all women with MS find that their sex life is affected, equally not all sexual problems are due to MS.

MS is a very individual and variable condition; no two people experience the same symptoms in the same way, so it may be that not all of the information in this guide will be relevant to you. The idea is to pick and choose the sections which are of most importance to you.

It can be really difficult to talk about sexual issues even with partners or friends, so broaching it with health professionals involved in your care may seem even more daunting. This book looks at ways to try and make it a bit easier and how you might raise the subject.

Scattered through the book are quotes from women who share their experiences of living with MS and their tips for minimising its impact on sex and intimacy.

The information in this book offers ideas for addressing sexual difficulties, but by no means does it cover every possible situation you may come across. Also, it doesn't include tips for practising safer sex – to protect against the risk of sexually transmitted infections (STIs) or unplanned pregnancies. If you need more information on safer sex there's lots of sound advice from the FPA www.fpa.org.uk and the British Association for Sexual Health and HIV www.bashh.org.

1. A woman's sexual response

Your sexual response is influenced by many things, including hormonal changes such as what point you are at in your menstrual cycle, pregnancy or menopause.

You may find that your attitude towards sex changes at different times of the month and even at different stages throughout your life. External factors can particularly influence how you feel about sex – who you're with, the circumstances and any distractions can all play a part. You may be less likely to be feeling in the right mood after a testing day at work, or if the kids are driving you mad, than if you've had some precious me-time or are just generally feeling more relaxed and happy in yourself.

Sexuality

'Sexuality' is a difficult term to define and often it is thought of simply in terms of your sexual orientation. However, our sexual identity is much more than this and is unique to each and every one of us.

Sexuality can encompass how you express your sexual identity, how you feel about yourself, and your sense of self-worth or self-image. It influences the way you present yourself to, and communicate with, others including your partner or potential partners.

Your personality, background, lifestyle, cultural and religious beliefs all help shape your sexuality. Previous sexual experiences and your individual preferences also have a role. Your sexuality goes far beyond your ability to engage in, and enjoy, intimacy and sexual activity.

The sexual response

The terms 'sexual functioning' or 'sexual response' refer to the physical act of engaging in any form of intimate contact or sexual activity. This includes 'non-touch' activities such as sexting, cybersex or watching porn.

Generally arousal begins in the brain. Depending on your preferences it can be stimulated by just about anything – seeing sexual images, remembering previous encounters, or picturing your sexual fantasies – pretty much whatever it is that turns you on! The brain then processes these messages and relays them to the sex organs through the nerves in the spinal cord. Other parts of the body are also involved, such as the circulatory system, with the heart rate rising and increased blood flow to your sex organs. Also your breathing rate tends to speed up.

The most common concepts in female sexual response

Sexual interest or desire/libido

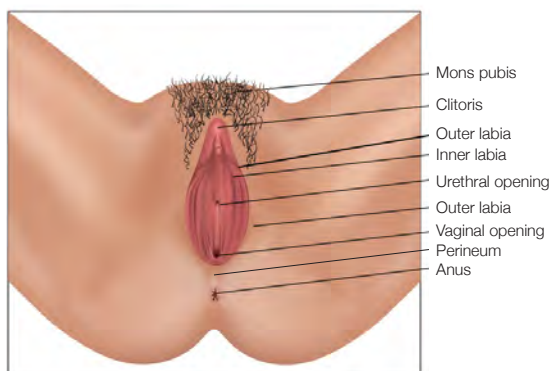
Desire is important in your sexual response. The way you feel sexually is very connected to your state of mind and a whole range of mental factors can affect your level of desire – the brain has even been described as the most powerful sex organ! Self-esteem, how you (or your partner) are feeling in terms of your mood, stress levels or how you're feeling towards each other at any given time are important. Physical factors also have a role – confidence in your own physicality, trust and feeling safe to play out fantasies, or being able to share what turns you on and what you find pleasurable (or not) all play a part.

Although you may not experience desire before sex, you may still respond to and enjoy intimacy or sexual activity.

Arousal and orgasm

Desire is accompanied by an increase in blood flow to your genital area – particularly the clitoris. The clitoris is found at the top of your vulva – the external genitalia, which also include the mons pubis (or pubic mound) and labia – and extends deep into the body to the entrance of the vagina.

Your clitoris responds to touch and stimulation by swelling with blood and increasing in size. This is followed by the swelling of your labia (the tissue or lips that surround the entrance to the vagina), your labia open slightly and your vagina



Female genitalia

elongates and balloons at the top. At the same time, your vagina produces more lubrication allowing easier and more comfortable access to your vagina for insertion of fingers, a sex toy or penis. The amount of lubrication you produce does not necessarily reflect your level of arousal or desire. There is a corresponding increase in blood flow to your breasts, which can enlarge slightly, the veins become more visible and your nipples may become erect.

As you become more aroused, there's an increase in energy within the nerves and muscles in the body – especially around the genital area and anus – and this causes the muscular contractions that may lead to orgasm. For the majority of women, whether you orgasm or not can be a bit hit or miss and only a small proportion of women say they always orgasm during sex with a partner, and some never do. There can be lots of things that influence whether you orgasm or not – it can vary depending on where you are in your menstrual cycle, or the pressure or rhythm of stimulation might not be quite right. Most women require some degree of clitoral stimulation to orgasm, very few do through vaginal penetration alone. If you're feeling tired, stressed or unhappy in your relationship this can also impact on your ability to orgasm.

It's important to remember that sex can still be very enjoyable without having an orgasm – feelings of intimacy and being aroused are just as pleasurable.

2. MS and sexual response

You may find that having MS does not change the way you respond sexually at all.

However, there are factors that may impact on your sexual response that can be influenced by MS. Difficulties may be caused if you have MS lesions in the brain or spinal cord in areas that influence sexual response, or in areas that cause symptoms that can affect how you respond sexually – for example if hypersensitivity is an issue.

The emotional, psychological and cultural consequences of living with MS can also have an impact on how you respond to intimacy and sex. There are over 100 medications that can affect sexual response, so medications that you're being prescribed for your MS may have the potential to impact on your sexual response.

It's important to remember that many women without MS will also experience some of the sexual issues described here. Sexual issues can occur at any time during the course of your MS, they can come and go, may persist or even have been present before diagnosis. They may also be caused by other health related issues that aren't connected to your MS. There's no sure way to predict whether your sexual response will be affected or not, but studies suggest as many as 80% of women with MS report difficulties at some point.

Sexual difficulties aren't necessarily related to the length of time you've had MS or the physical limitations it brings. However, we do know if you have changes in your spinal cord and experience walking and/or bladder problems you are more likely to be affected, as the nerves that control walking and bladder function are found near to those that lead to your sex organs.

How does MS affect sexual response?

There are three key areas that can lead to changes in sexual response when you have MS:

- loss of desire (libido)
- vaginal dryness
- loss of sensation – which can make it more difficult to reach orgasm.

Some symptoms can also affect your ability to enjoy sex as much, they include:

- fatigue
- hypersensitivity
- pain
- spasticity
- bladder and bowel problems
- mental health issues such as anxiety or depression.

The physical side of becoming aroused begins in the brain which processes any erotic stimulation – be that sexual thoughts, images or touch. The brain relays these messages to your sex organs via the nerve pathways in your spinal cord. MS lesions can damage those nerve pathways involved, for example, lesions in your spinal cord can lead to reduced sensation in your clitoris and vagina, whilst lesions in the brain may affect desire.

Loss of desire

This is an issue for many women, not just those with MS, with an estimated several hundred thousand women in Britain affected at any one time. MS can affect your libido in two ways:

- directly – as a result of the location of lesions in your brain
- indirectly – if you are feeling anxious, fatigued, have experienced a loss of self-esteem, or as a side effect of medication.

You may be reluctant to initiate or engage in sex if your libido is lacking. But diminished desire doesn't necessarily mean that you can't become aroused or have an orgasm if you do have sex. As long as you are not being coerced into sex, sometimes it can be worth giving it a try even if you don't feel 100% in the mood. Although it may feel a bit forced or lack spontaneity – who knows where it might lead! The following are some suggestions that might help.

Make time for foreplay. Sex is so much more enjoyable if you are fully engaged in the activity. Try to focus more on your senses as this can lead to greater satisfaction – this applies to your partner too. Expressing your affection for each other and taking time to enjoy exploring each other's bodies can help create the right mood. Section 8 of this book has some fun ideas for some games you could try.

“I have very little sensation in my genital area, but I can still become aroused if my partner takes their time and I really enjoy the intimacy.”

Set the scene. Consider what will turn you on mentally and help you relax physically. This might include creating a sensuous environment by taking a bath or shower together, lighting scented candles, playing soothing music or using aromatherapy oils in the bath or to massage each other. Try to make sure you won't be rushed or disturbed.

“It was worth the embarrassment of telling my partner what I really enjoy. Now he really knows what turns me on!”

Relax. This can be easier said than done, but stress and tension can clearly impact on your level of desire. Simple measures such as a warm bath, or a glass of wine, might be enough to help you wind down and feel more in the mood. However, if stress is an on-going issue for you it might be worth trying a relaxation CD, or a mindfulness app. These can you teach you breathing exercises or self-hypnosis techniques which might help reduce your anxiety.

Indulge your fantasies. You may find fantasising helpful. Most women have their own personal fantasies – you may be fine with sharing them, or prefer to keep them to yourself. For this you really need to think about what exactly turns you on. It could be imagining having sex on a deserted beach, watching an erotic film, being in a situation where you might get caught in the act, dressing up or role-play, or picturing having sex with someone, or in a way, you wouldn't usually – perhaps with someone else's partner, a work colleague, or multiple partners. If you're struggling there are erotic novels and films available that could give you some ideas. Who knows where your imagination might take you!

“We share our fantasies more now that we are older and more comfortable with one another. This has led to us enjoying oral sex more.”

Get in touch. Touch can be very therapeutic and it's a good way to restore or maintain intimacy if there are times when full on sex isn't possible or what you want. You may find touch is too painful and this is considered later on in this book. If you are ok with touch, touching and stroking yourself or with a partner can help re-establish desire, helping bring you closer together and enhance feelings of tenderness. Try not to focus on the genitals or breasts too much at first – find other areas that also give pleasure. This might be stroking gently behind the ears, massaging the hair and scalp, trailing a finger across the collarbone or nibbling toes. You might want to think about introducing other textures such as feathers, silky clothing or using massage oils (almond oil is good if you have sensitive skin and don't have a nut allergy) to find the most pleasurable sensations or level of pressure.

“Having my partner massage me gently beforehand helps me get in the mood more, either using a scented or plain oil.”

Explore your body. Body mapping (or sensate focusing) is a simple technique that you can use on your own or with a partner to increase intimacy and rediscover sexual pleasure. It involves exploring your body to find out exactly where touch gives you pleasure or where it feels uncomfortable. If you decide to give body mapping a try it is best to find somewhere that you feel comfortable and won't be disturbed for at least 15-20 minutes. Take off your clothes and lie down.

Body mapping exercise

1. It can be useful to draw a basic map of your body – you can use the one overleaf if you want. You might want to make photocopies as it can be useful to carry out this exercise more than once as your preferences might change at different times of the month – areas that felt pleasurable one week may be too sensitive a week later.
2. Systematically take time to touch different areas of your body, or get your partner to do this, from head to toe (or all the areas you're able to reach). You can always reciprocate for your partner later. Think about how it feels to be touched in each place, whether it gives you pleasure, or causes discomfort or sensory change. If you're doing this with a partner describe to them what you're feeling and get them to note it on the map. Make sure you map your entire body, not just the obvious areas – you may find you have erogenous zones that you weren't expecting! If you are doing the exercise with a partner you could always place your hand over theirs to help guide them.
3. You could give different areas a score on the map from 1-5 (Very pleasurable (1) – no sensation (3) – very uncomfortable (5)). Alternatively, you could create a colour code, for example red for areas which are a definite no go, yellow for areas where it depends on how you're feeling or the situation, and green for areas that give you intense pleasure or arouse you.

For each area think about the following.

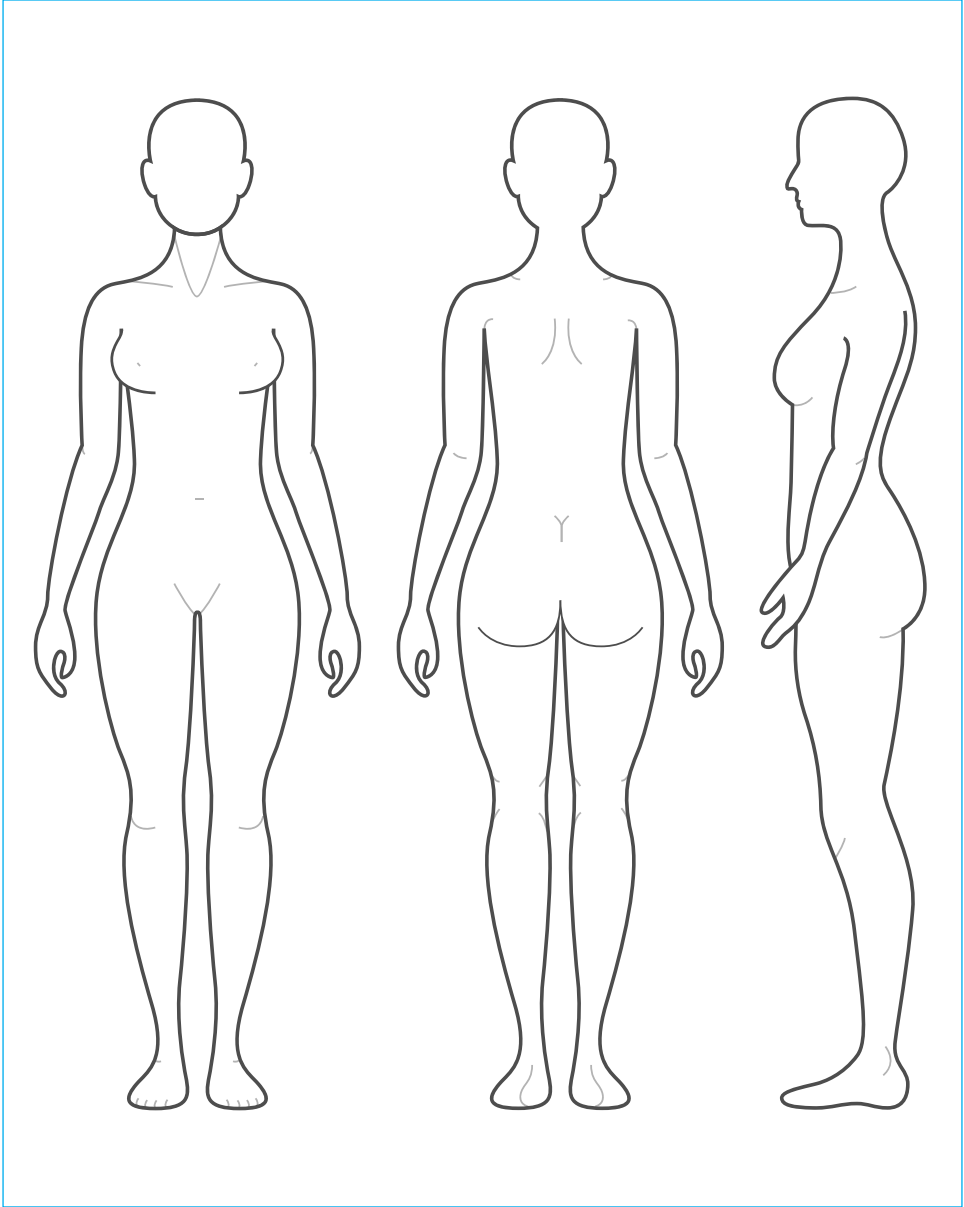
- What level of pressure feels best? In some areas it might be a simple light brush whereas other areas may need a firmer touch or degree of pressure.
- What motion feels most pleasant – being stroked in the same direction, up and down, or maybe a circular motion?
- What speed or rhythm works – you may initially prefer a slower, lighter touch that becomes faster or more intense.
- What do you like to be touched with? Fingers, other body parts, feathers, silk, a soft brush, leather or vibrating toys are all things you could explore using.
- Different temperatures – perhaps you like the cold sensation of an ice cube being rubbed over your body, or a tingling or warming massage lube.

Remember the aim of the exercise isn't to orgasm, in fact it's usually recommended that you don't attempt this initially as it can defeat the purpose of the exercise.

As you become more experienced about your likes and dislikes you might find you no longer need the maps. However, they can be a good reminder of how your touch preferences change based on where you are emotionally, where you are in your sexual response – be that unaroused > excited > orgasm > post-orgasm, any medication you've taken or when symptoms change.

Psychological barriers. If you feel anxious or depressed this can impact on how you identify and respond sexually. You may also experience a sense of guilt if you don't feel you're fulfilling the role you want to in your relationship. It can be difficult to identify what you are feeling in these circumstances and psychotherapy or relationship counselling can be beneficial if you feel you need support in exploring these kinds of issues. There is more information on how to access these types of services in Section 8.

Body mapping exercise



Vaginal dryness

A lack of vaginal lubrication can make penetration of the vagina uncomfortable or painful; even touch may feel less pleasant. Dryness can be caused by a number of factors, many of which aren't related to MS at all, such as hormonal changes or some medications. There are vaginal moisturisers available such as Replens and Sylk which are really helpful for relieving dryness. Vaginal dryness can put you at increased risk of developing urinary tract infections, so spending more time on becoming aroused, such as focusing for longer on foreplay, may help you become more lubricated and reduce this risk.

Vaginal lubricants can also be helpful to overcome dryness during sex, and using them may actually have the additional benefit of increasing sensation in your genital area as many are formulated to produce warming or tingling sensations. Water-based lubricants such as KY jelly, Sensilube and Astroglide are usually preferable to oil-based lubricants which can damage condoms, and don't flush out of your body as easily which can increase the risk of infection. There are a wide variety of lubricants on the market, so it is worth trying a few to see which works best for you. Apply them liberally – once applied their effects can be boosted with water or saliva.

Loss of sensation and difficulty reaching orgasm

If you've experienced a loss of sensation in your genital area it's likely you will need more intense stimulation to be able to orgasm. It's worth remembering that sex doesn't have to (and rarely does) result in an orgasm every time and reaching orgasm at the same time as your partner is relatively rare. Sex without an orgasm can still be extremely pleasurable, but if you want to try some things to see if you can orgasm more often the following may help.

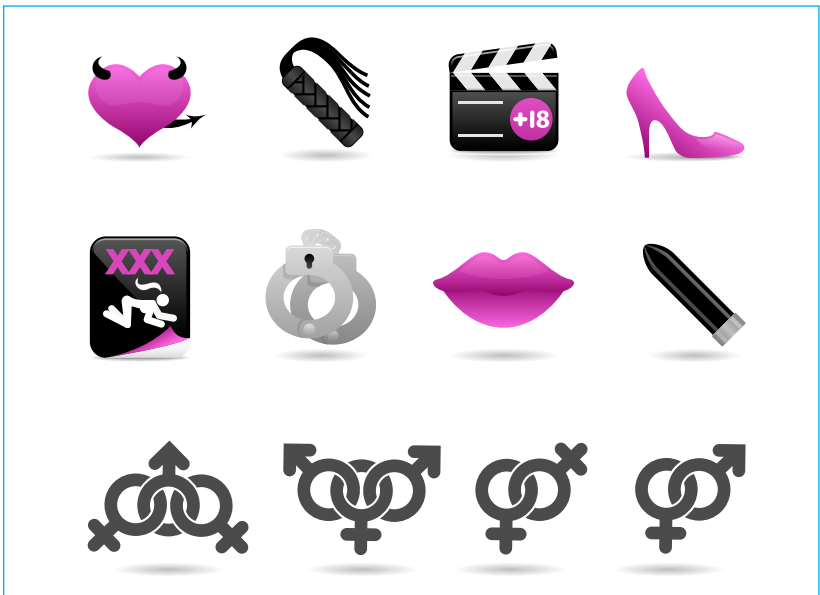
Masturbation. Being aware of what exactly turns you on and gives you pleasure makes it more likely you will be able to orgasm. It also means you can let partners know what you like too. Masturbation is a good way to discover exactly what gives you the most pleasure and enjoyment. You could just use your fingers, or you might

want to experiment with a lubricant, finger vibrator (this is worn on your finger like a ring or thimble), or other vibrator to intensify the stimulation. Like the body mapping exercise you could also try using other textures such as a piece of silk, furry fabric, feathers or something with a rougher texture such as brush.

Find somewhere you're not going to be disturbed. Start by exploring your nipples before moving on to your genital area. Vary the pressure, intensity and rhythm of your touch to see what works best and also what doesn't do it for you.

Oral sex. Many women find they can orgasm through oral sex more easily than penetrative sex. This may be something to explore if you've not tried it before and feel comfortable with the idea – maybe start with fleeting kisses or gentle probing with the tongue in the genital area to see how it feels.

Fantatising. Remember we said the mind is one of the most important sex organs? Why not make the most of it, incorporating fantasy into your sex life may make it easier to orgasm.



Try a vibrator. You may find it easier to orgasm if you use a vibrator as it can often compensate for any loss of sensation and intensify any feelings that are still present. Vibrators come in many different shapes and sizes, some are designed purely to stimulate the clitoris, whilst others can be used in the vagina or anal area, or for penetration.

Vibrators come with variable tones and speeds, usually within the same model – mains operated vibrators tend to be more powerful than battery operated ones. You may find you need to use quite a vigorous setting. Vibrators can be bought from some high street stores and supermarkets, or there are lots of online suppliers if you prefer a more discreet approach (see Section 8). Most online suppliers have a guide to help you find what you're looking for if you're not quite sure where to start. Or, you might prefer the option of a party where you can check out the products that are available in the comfort of your own (or a friend's) home.



“In order to reach orgasm I have to use a vibrator. It was actually a partner who suggested it and I was very embarrassed at first, but it’s brought an added dimension and creativity to sex! I would urge anyone who is having difficulty in reaching orgasm to invest in a vibrator! Don’t be embarrassed about it – they sell loads of them, so it’s not anything out of the ordinary any more. My partner finds it very erotic and often wants to take charge!”

Anal stimulation. This isn’t for everyone, but if you are open to trying it, the anus has lots of nerve endings so touching in and around this area and the perineum can create pleasurable sensations which can lead to orgasm.

Other tips for reaching orgasm

- Hormonal changes can affect your ability to orgasm; experiment to discover the best time of the month for you.
- Try panting whilst having sex – although don’t do it for too long as it can make you light headed!
- Carrying out pelvic floor exercises can improve the tone of the muscles of your vaginal wall – this may enhance your ability to orgasm.
- Raise your pelvis by placing a pillow under your hips – some websites sell specially designed pillows or wedges.
- Hang your head over the edge of the bed when having sex.
- Lying across the bed with your legs hanging over the edge of the bed allows for easier access to your clitoris and vagina.
- Experiment with different positions if you can – some may work better for you than others.



“It may sound simple, but now we always make love with the lights on. I can watch my partner as he touches me, watching him makes me feel really sexy and I like this.”

If these suggestions don't help, you might want to consider seeing a sex or relationship counsellor for more help or practical tips. Don't think of needing counselling as a failure – it is a positive move that can be really helpful for many relationships. A sex therapist or counsellor may be able to prescribe treatments or other ways of managing problems that aren't routinely available (see Section 8).

Is there a female equivalent to Viagra?

Research on the effects of Viagra and other similar drugs in women who are experiencing sexual issues have found that they don't help. Although these drugs can help achieve an erection, they're not an aphrodisiac and don't influence your desire, arousal or orgasm – which is probably why they don't work in women. However, there is ongoing research to investigate medication to help minimise women's sexual difficulties.

Fatigue

Fatigue is one of the most common symptoms of MS. Often when you're tired, sex is the last thing on your mind and as a result, you might find yourself shying away from any form of intimacy in case it leads to sex.

If fatigue is an issue for you, the following may help.

- When do you have the most energy? This is quite often in the morning, so it might be the best time to have sex.
- Experiment with different positions – some will require less energy than others. One option is to try 'spooning' where you lie side to side with your partner so you're not having to support your own or their body weight – your partner can also easily reach your clitoris. Penetration can be from behind in this position.
- Try masturbation (solo or mutual), foreplay or oral sex if you're particularly tired.
- Take a rest or try a cool, invigorating shower before sex.
- Try the 'stop, start' technique – this involves taking a break when you start to tire and then starting again. The break might only last for a few minutes or so you can change position but it can allow you to recover. It may even tease your partner and add to the excitement.
- Remember that a quickie can be great fun and still as satisfying!



Hypersensitivity (dysaesthesia)

This is where your skin is so sensitive that even the gentlest of touches can be uncomfortable.

“I suffer from dysaesthesia and I often have to tell my partner that something isn’t comfortable – even being hugged can hurt me sometimes. I need to explain that this is normal for me and that what I enjoy sexually changes from day to day.”

“Simply changing positions during sex to avoid areas which are sensitive coming into contact with the sheets or skin can help.”

The body mapping technique outlined earlier can be a good way of discovering where you do like to be touched. But, if being touched causes you pain, body mapping may be too uncomfortable for you – you might have to experiment a bit to see if it can be of any benefit.

If you find that hypersensitivity means that touch or sex aren’t an option, the following could provide you with some sexual pleasure and can be done on your own or with a partner:

- talking dirty or sexting
- watching erotic films
- reading erotic novels.

There are medications that might help with hypersensitivity, so do talk to your specialist if it is an issue.

Spasticity

Spasticity can make it challenging to find a sexual position that is comfortable. If your legs are inclined to clamp together with the minimum of stimulus it can make things particularly tricky. You might have to be a bit more imaginative and try different positions that don't trigger the spasms if you want to be able to have your clitoris stimulated or have penetrative sex. Things like standing whilst leaning against furniture, lying on your side or on top of your partner are positions to try.

The following are some tips for minimising spasticity.

- The right position is key. Spastic movements are often triggered by lying flat on your back with your legs stretched out, so avoid this position if it's an issue for you.
- Once you've found a position you find comfortable, try to identify which movements trigger spasms or other unwanted movement so that you can try and avoid them.
- If you are lying on your back try using pillows under your knees or bottom, or a rolled up towel in the small of your back. These can all help reduce the risk of spasm, they also have the added bonus that they can make it easier to reach your genital area and may allow for deeper penetration. There are also specially designed cushions and wedges available which may help you find the best position (see Section 8).
- If you're taking anti-spasticity medication, ask your GP or MS nurse if you can increase the amount you take before sex.
- Using massage and relaxation techniques prior to sex can help relax the spastic movement.
- Try exercising your limbs gently prior to having sex, this is something you could get a partner to help with. Your physiotherapist or MS nurse can advise you about suitable passive movements.
- Finally – relax and trust your partner.

“I find lying on my back clutching a knee with each hand towards my shoulders works. My knees have to be bent right up to break spasticity. This position also means I can have lazy sex when I’m knackered!”

Bladder and bowel problems

Lots of women in the general population leak urine when they orgasm – some partners even find it a turn on. However, if you have bladder and/or bowel problems it can be a source of great anxiety when it comes to sex and wanting to be intimate. Worrying that you might lose control of your bladder or bowels during sex, means you might choose to avoid it altogether as the embarrassment would be just too great – especially if you’re with a new partner. Talk to your partner about your concerns, it can be therapeutic and can clear up any misunderstandings about why you’re avoiding intimacy.

The following are some practical strategies to minimise the risk of accidents or manage particular issues.

- Seek the advice of a continence specialist – you can be referred by your GP or MS nurse, or some services allow you to self-refer. They can carry out an assessment and may be able to suggest helpful strategies.
- Be aware that urine infections, which are common in MS, can cause incontinence and can also be aggravated by vaginal dryness and sexual activity. If you suspect you may have a urine infection, or are experiencing repeated infections see your GP.
- Emptying your bladder prior to sex may put you more at ease, it is also good to go again just after sex to minimise the risk of infections.
- See if limiting your fluid intake for a few hours prior to sex helps – this can reduce the amount of urine produced by your kidneys, but isn’t something you should do on a regular basis.

- Put protection such as towels on the bed. It doesn't take the problem of possible incontinence away but it might help you relax a little.
- Self-catheterisation prior to sex can be helpful.
- If you use an indwelling catheter you could try different positions to reduce the risk of dislodging it – spooning can be a good option. You can also empty the bag and temporarily clamp off the drainage tube. Taping the tube to your abdomen or wearing a pair of crotchless knickers can help keep it out of the way.
- If you're worried about losing control of your bowels, this can be managed by opening your bowels before sex, using a micro enema if necessary. There are also transanal irrigation systems available, such as Peristeen and Qufora, which can be used to empty your bowels. If these methods aren't an option, or if continence remains an issue, you might want to consider using a temporary anal plug. All these options can help give you confidence that you're not going to have an accident in the heat of the moment.



Micro enema



Anal plug



Peristeen

Finding the best sexual position

Experimenting with different sexual positions and varying your sexual routine can be invigorating, and also a lot of fun! The best thing is to be bold. There are lots of books and online information that can help you with different ideas to try. You just need to be prepared to be adventurous and maybe go outside your usual comfort zone. Also, remember there are plenty of ways to achieve pleasure both with and without penetration.

“My stamina is a lot less now and I can’t sustain any actions for any length of time as bits of me tire out. I have to change position a lot – although generally there aren’t any complaints about this!”

“I get tired quicker and find some positions impossible now. We’ve had to adapt and experiment with new ideas and positions. Kissing and cuddling have become an important part of our relationship and something I really enjoy.”

Remember though the most important thing is to have fun and enjoy yourself – not all your experiments might work out how you thought, but you can still always have a laugh about the things that didn’t quite go to plan or have the desired effect!

Medication and sexual response

Medications that are prescribed to manage MS symptoms can sometimes have a negative impact on sexual response. For example, reaching orgasm requires muscular contractions to take place so if you’re taking a muscle relaxant, which are commonly used to decrease spasms, this can affect your ability to reach a pleasurable orgasm; whilst antidepressants can also reduce your libido and delay orgasm. It may not always be an option to change your medication, but it’s certainly worth discussing the options with your GP or MS nurse if you feel your sex life is being affected.

3. Self-esteem

As women we are constantly bombarded by images on social media, TV and in magazines of the 'perfect body'. These images are impossible to live up to, but can still leave you despairing of your own lumps and bumps. Luckily women are starting to fight back against these images of perfection and you can now find lots of inspiring body positivity posts online!

Having a long term condition such as MS can add to your doubts about your image of yourself as a sexual being. You might feel generally less confident in yourself and your body. Perhaps you've had to give up activities that were closely linked to your self-image or have undergone physical changes that affect how you view yourself – you may even feel that your body has 'let you down'. Maybe you worry you'll be less attractive to your partner or potential partners. If you feel like this, it is important to challenge your perceptions.

A positive outlook

Consider how you might replace negative thoughts with more positive beliefs. It's not going to happen overnight, but it is possible to change negative patterns of thinking and replace them with a more upbeat outlook. The following are some ideas that might help.

List your strengths. It can be helpful to remind yourself of your core strengths and the things you do love about yourself – they won't have changed! Start off by listing five things that you like about yourself as a person, then you could ask family and friends to add to your list too – you might be surprised with what they come up with! Keep a note of them, then you can refer back to them when you need a bit of a confidence boost. It is also useful to start each day with a positive statement about yourself.

Keep in touch. Try to keep in regular contact with friends – either face-to-face, over the phone, or through online social networking sites. Catching up with what is happening with everyone can be a real mood booster. If you find it difficult to get out, invite a friend round for a coffee or glass of wine, it can help make you feel more connected to the outside world.

Learn a new skill. If you have space and time in your day, learning a new skill can be a great boost to your self-esteem as well as giving you a real sense of achievement. It can also be a way of getting out of the house on a regular basis, having a bit of time to yourself and meeting new people. If getting out isn't so easy for you, perhaps due to childcare or mobility issues, there are plenty of online or correspondence courses to choose from. Some courses are subsidised, or even free, if you receive certain benefits.

Volunteer. Helping others through volunteering can help you feel more positive about yourself. Maybe you have skills that would benefit, or you could pass on to, others. Or you might have the time to devote yourself to a good cause. You could contact a local charity to see if there is anything you can do to support them, or check on the internet for projects in your area.

Stay active. Exercising regularly makes you feel good. It boosts your mood, increases your energy levels and your self-esteem, as well as the social benefits it can bring to your life. It can also help you reach or maintain a healthy weight and improve your muscle tone. You may even find you become fitter than you were before you were diagnosed! There's lots of useful information on the MS Trust website about exercise – how to get started if you're new to exercise, exercises you can do if you have limited mobility, tips for staying active and exercise videos.

“I am quietly working on getting my confidence back following a relapse. I'm getting fit again by going out power walking with my 13 month old baby. I'm beginning to lose weight, feel fitter and my confidence is coming back.”

Accentuate the positive. It can help to focus on the things that are going well in your life and concentrate on what you still get enjoyment from. Although your life may have changed, it is definitely not over! Know your limitations but equally don't aim too low. You may be surprised at how many activities that you've enjoyed doing in the past are still open to you. Laughter is a great tonic if you're feeling a bit down – maybe keep a stock of comedy films or stand-up shows for if you need a bit of a mood boost.

Be realistic. If you're feeling very low and your mood doesn't improve over a number of weeks, or life is becoming a real struggle, don't suffer in silence. Talk to someone, whether that's a friend, family member, your GP or MS specialist nurse. Ongoing sadness or tearfulness, problems speaking, changes to your appetite and losing your enjoyment of life can be signs of depression and there are treatments that can help – whether that be talking therapies, medication or a combination of both.

Physical confidence

Everyone has to deal with changes to their body during their lifetime, due to factors such as ageing, childbirth or illness. You might find that your body image changes because of your MS. Learning to be comfortable with your body, making the most of your best features and staying as fit and healthy as you can is key. You don't need the perfect face or figure to be sexually attractive – let's face it everyone's tastes are different, we don't all go for the same look. Even celebrities are far from perfect once you take away their team of stylists, make-up artists and the airbrushing! Make the most of the things you love about yourself – maybe that's flawless skin or lush, glossy hair – and learn to be happier with the bits you're not so keen on.

There are plenty of simple things you can do to help boost your self-confidence.

- If you've always taken care of your appearance, keep on doing it! There's no reason to stop spending time or money on yourself.
- Enjoy a bit of pampering. You could do this at home yourself, find a beauty therapist who can come to your home or have a trip to a salon. Something as simple as an eyebrow shape, or a manicure can really make a difference to how you feel about yourself. Whilst a facial or massage has the added bonus of being relaxing.
- Treat yourself to a new perfume or bath oil – fragrance can have a really positive impact on your mood and some fragrances can invoke positive memories, maybe of a holiday or other happy occasion.
- Think about updating your look – this might be your make-up or wardrobe. Many department stores offer free makeovers at their beauty counters, or have personal shoppers if you need a bit of guidance in the clothes department. If the store does charge a small fee it is often refundable against anything you purchase.

These might seem relatively simple steps but they can make a difference. Changing negative ideas you have about your body image won't happen overnight and a simple coat of nail polish is never going to solve all your hang-ups. But, if you can slowly learn to be more confident about your body, and embrace its imperfections, it can provide a huge boost to your self-esteem.

4. Intimate relationships

Sharing the experience of living with MS can bring a new closeness and depth to relationships. In this section we look at the importance of good communication and the value of maintaining intimacy.

Communicating with your partner

Living with MS can create pressures or tension within relationships, which can impact on your sex life, in addition to any psychological or physical issues you might be experiencing. If this is the case, good communication with your partner is absolutely vital. This is often easier said than done. It can be difficult to share a discussion about sex without it becoming an emotionally charged situation. Here we offer some potential ways to discuss sexual issues in a positive and constructive way.

Don't put it off. The longer you leave it the more difficult it is. For example, if you're struggling with a lack of desire, it can be tempting to avoid any intimacy that might lead to sex. This can be confusing for a partner who may see this as you rejecting them or feeling that they've failed you in some way. They might feel resentful or hurt. Being honest means you can tackle the situation together and try and find a way forward.

Plan ahead. It may be a good idea to agree a convenient time and place to chat where you won't be disturbed, rather than bring the subject up out of the blue. Even then consider both your partner's and your own mood and use your judgement – if it feels right to talk, go for it, if not reschedule. You could use this book or other material to help you initiate the discussion.

Think about what you want to say ahead of time. If it helps prepare a script or rehearse what you want to say. If you find it hard to put things into words perhaps think about using pictures or illustrations. If you haven't already, this might be a good time to think about sharing your body map if you've carried out the exercise on your own. Feeling prepared can help bolster your confidence and help you remember the points you want to get across.

If you find it really difficult to talk to your partner, write down how you feel and ask your partner to read it. Then agree to discuss the matters you've raised.

Take the initiative. If it's your partner who seems to have lost interest in sex, try to find a good time to raise the matter in a calm, non-threatening way. You might be surprised at their reasons for avoiding sex. If you're recently diagnosed they may simply need some time to adjust to the diagnosis themselves. Or it may be that they are worried about hurting you if you have sex, or they may even think continuing to have sex may be harmful for you. An honest discussion can help dispel any misunderstandings.

Don't get things out of proportion. It can be easy to lose your sense of perspective and imagine your problems are bigger than they really are. You may find when you talk to your partner that they have a different view and that things are much less of an issue than you thought.

Be honest. It's natural not to want to worry a partner, but putting on a brave face can leave you feeling isolated and risks making your partner feel rejected or helpless. Being honest means they at least have the chance to understand what you're going through. If you're going through a particularly bad patch, it could be useful to talk to your GP or MS nurse.

Be sensitive. If you're enjoying sex less because of your MS, tell your partner – this can reassure them that it's not because of any changes in your feelings for them or their lack of sexual prowess!

Try to use phrases such as *“I feel...”* or *“I would like...”* instead of things like *“You don’t...”* when discussing your issues. That way you don’t sound like you’re criticising or blaming them and you’re both more likely to stay calm and listen to each other’s feelings. If things do become a bit heated, agree to stop and talk again at another time.

Keep your sense of humour. Remember that sex is meant to be fun! A good sense of humour and sharing a laugh can work wonders when you’re talking about problems and can help to bring you closer.

Make time for your partner. MS has the potential to dominate a relationship, it can sometimes feel like it’s all you talk and think about. This can make your partner feel excluded or that their needs have been forgotten. Try to make time for each other, perhaps set aside a regular date night or both draw up a wish list of ten things you’d like the other to do for you – sexually and romantically. Then you can take turns in swapping treats from the list.

Be realistic. Whilst some relationships become stronger after a diagnosis of MS, unfortunately some do fall apart. If there were already problems in your relationship, they won’t disappear overnight and sadly, your partner may be incapable of providing you with the emotional or physical support you need. You may need to consider whether your relationship can survive if this is the case. Professional counselling can help you find the best way forward (see Section 8 for more details).

Rediscovering intimacy

Intimacy is more than just having sex. Holding hands, cuddling, stroking and kissing are important elements of any relationship – even more so if full sexual intimacy is not possible. Confiding in each other, spending time together and simply being there for each other are also vital.

“We now have a less physical, more gentle intimacy, more cuddles. We know we’re there for each other.”

Maintaining intimacy isn’t always easy. Here are some ideas you may find helpful.

- Intimacy doesn’t just happen, it needs to be worked at. Take time out to talk to each other about how you’re feeling, rather than just discussing day-to-day mundane tasks, or focusing on the MS.
- If you’ve stopped having sex – whether temporarily or over the longer term – a kiss, hug, a few kind words or a love note can show you still care.

“When it is too painful for sex, I try to caress, touch, hold and kiss to remind my partner I still need and want him.”

- Be patient and take things slowly, especially if you’re resuming sexual contact after a dry spell. Restoring intimacy needs to come before sex. If something doesn’t work, be prepared to try something different – things might not be the same as before or may not be perfect straight away. Keep talking to one another.
- Any change that needs to occur within your sexual relationship needs time and effort from you both. Some sexual advances may be rejected – neither of you should take this as a personal affront, it may simply be that one, or both, of you need more time to adjust to the changes.
- Share with each other what you do and don’t like. Be prepared to try new things or sexual positions – be creative in finding ways to give and receive pleasure. For some fun ideas, see Games to play in Section 8.

“We talk a lot more about what each of us likes and dislikes. This has helped bring us closer together.”

“I tend to use my mouth now rather than my hands as I don’t have much feeling in my fingers.”

- Don’t be misled by popular myths about sex – there is no normal! You’re not unusual if you’re not having regular orgasms or full on sex. Talking, cuddling, caressing and massage can still give you sexual pleasure and help maintain intimacy.
- Consider talking to your MS nurse or another health professional if you’re finding it difficult to resolve your problems (see Section 6). Chances are they’ll have talked to others with similar issues and if they can’t help themselves they should be able to refer you to someone with more experience.
- You may feel you need more specialist counselling from a professional. This might be through a sex therapist who can help you explore your feelings, and your partners if they are happy to attend with you, in a respectful, non-judgmental way.

5. Starting new relationships

If you're not currently in a relationship, you might be worried that having MS will add to the complication of finding a partner. Rest assured, many single women with MS do meet someone and go on to have successful relationships.

You might be unsure about how to go about meeting someone new, especially if you've had to give up work and/or cut back on your social life. Or if you're feeling a bit low in confidence you might feel a bit unsure about flirting and embarking on a new liaison. You might also be worried about the right time to mention MS. Below we suggest some ways of meeting potential partners and how to talk to them about MS.

Widen your horizons. Look to meet new people and make friends in a social environment rather than expressly going out to try and find someone to have a sexual encounter with, or for a long term partner. Friendships can often go on to develop into something more. Some options are joining an exercise class, music group or enrolling on a course at college, whatever you fancy and fits in with your life really. Often there are local groups aimed at single people that organise a variety of social occasions, so this could be another possibility to explore.

Consider dating services. Many people choose to use personal ads, agencies or online dating services to try and meet a new partner. Some sites are quite broad-based in terms of individuals' backgrounds and the type of relationship they're looking for. Others are more specific, based on their members' interests, profession, location or the type of relationship they're interested in. There are also some sites aimed specifically at people with disabilities – do be aware though that this type of site does run the risk of you

attracting someone who has a particular fetish or finds disability a big sexual turn-on, which might not be quite what you had in mind. Safety is a really important issue – not everyone is honest or trustworthy. Some dating sites provide a mailbox so you don't have to disclose any personal information such as your email address until you're ready to.

“As a gay disabled woman, I’ve found it hard to develop new relationships. Instead I’ve been finding it easier to meet women on the internet. It’s been a good way of forming relationships and I’ve been travelling all over the country meeting other women because of it.”

“I’m always a bit cautious and take time to get to know someone through the website, then by exchanging emails, before arranging to meet.”

Go online. Some people prefer the idea of using social media forums on the internet. You can use them to develop friendships, but if you want more than this there are forums specifically geared up to enable sexual encounters. You might only be looking for a one-off encounter, or a short term fling rather than something that might become more serious and there are sites that specifically cater for this. Again there are specific disability-related sites which you might feel are more appropriate to you. The same cautions as online dating apply.

To tell or not

When you do meet someone, if they're not already aware you have MS, it raises the dilemma of **“if, when and what”** to tell them. There's no right or wrong way to do this. Ultimately it all comes down to what feels right for you. You might prefer to be open from the start, or maybe you'd rather wait until you know someone a bit better and feel more relaxed with them.

“I wait until the second date before I tell. If I like someone enough to see them again, I reckon I should tell them. If I leave it longer it feels like the elephant in the room. Somehow that seems to make it a bigger deal than it is for me; MS is just a small part of my life.”

There's no way of predicting exactly how someone will react. Most people will be surprised, some will take it in their stride. Others may need a bit longer to absorb the information, but ultimately most cope well especially with time.

Unfortunately, it may affect the way some potential partners behave towards you and they may not want to continue the relationship. Often it depends on how much they know about MS. If they're willing to learn more, the MS Trust has lots of information you can share with them.

6. Talking to health professionals

It's been shown that talking to a health professional about any issues around sex can be beneficial and even make a difference in how you feel about yourself.

It's entirely natural to feel uncomfortable or embarrassed about sharing intimate details with a relative stranger. But many health professionals are used to talking about such matters on a regular basis and have probably heard it all before.

Health professionals who are more used to discussing sexual health issues are:

- MS nurses
- district or practice nurses
- continence advisors
- physiotherapists
- occupational therapists
- GPs
- sex therapists or counsellors
- urologists.

“Talking to someone you aren't so close to can actually be a good thing – after all, they're not emotionally linked to you and what you say won't upset or worry them on a personal level.”

If you do decide to approach your MS nurse or other health professional, before your appointment have a think about what you want to say and the words you're comfortable with using. You might prefer terms such as 'private parts', 'down below' or 'nether regions', or to make sure there's no misunderstandings you might prefer to use more biological terms such as clitoris, vagina and labia. Using words you are more at ease with may help you relax.

You could even use pictures or diagrams to help you explain.

It can also be useful to think about ways to start the conversation. Although your health professionals may ask you about symptoms such as pain, fatigue or spasticity, it's not unusual for them not to ask if you're having issues with sex and intimacy. It might be that they're worried they might embarrass you if they ask or you'll think they're being nosey. Or they might feel they don't have time, aren't comfortable talking about sex themselves, or don't feel skilled or informed enough to talk about it, so they tend not to ask. Here are some opening lines you could try if they haven't asked.

- ***“I’d like to talk to you about some issues I’m having with my sex life if that’s ok.”***
- ***“I’m finding that my MS is getting in the way of intimacy, is that something I can talk to you about?”***
- ***“I’m having problems with my sexual relationships. Could it be my MS?”***

You could also use this book to raise the subject with them, or perhaps take a list of issues you would like to discuss with them and include sex on your list.

As the conversation develops it can be helpful to share things like:

- how long the issues have been going on and how it's affecting you and your relationship
- the sex of your partner – that way no assumptions are made
- the age of your partner
- if you have more than one partner whether the problems occur with all of them or just certain ones, or if you've had the same or different problems with previous partners
- whether your partner is also having issues
- the type of sex you're having – oral, vaginal or anal.

“Although some members of the health profession have helped me a lot to deal with intimacy issues, no one has ever raised the issue of sexual dysfunction with me. I realise that discussing issues like this can be embarrassing, and people might prefer to deal with them in private, but I do think we need to know that it is ok to discuss such issues if we want to.”

If you find that the health professional that you've approached isn't comfortable with talking about sex, or you don't feel they're giving you adequate support, ask them to refer you to somebody with more experience. A number of specialist sexual clinics are available within the NHS, although access may be limited and some areas are better served than others. If you're referred to a sex therapist or counsellor, they may be able to prescribe drugs or treatments that aren't routinely available.

Remember that not all the sexual problems you may be experiencing will be caused by MS. They may be caused by other health-related conditions or be rooted in psychological issues. It's important to consider these other possible causes when talking with health professionals.

7 . The partner's perspective

This section is for you if your partner is a woman who has MS. It aims to give you a better sense of how MS could potentially affect intimacy and your sex life. It offers tips to help you and your partner talk about this sensitive subject so you can work through any issues that arise together.

MS can affect many aspects of life. It may be that since your partner was diagnosed your lives have had to change to some extent, for a lot of you those changes may be minimal, but for others they may be more dramatic. Certain aspects of your relationship may also have been affected. It can be difficult to know how to support your partner – perhaps you don't know what to say or how to comfort her. Equally you may be experiencing a whole range of feelings that are affecting you physically and/or emotionally too.

You may have taken any changes in your stride, but it isn't unusual to feel anxious about what the future holds. You may be sad that the future that you have together might have to be different to the one you had imagined. You may even feel guilty if you're struggling to feel the same way about your partner since the diagnosis. These feelings are entirely normal, you won't be the first – or the last – person to feel this way.

“I think partners should know that it's natural for them to grieve the changes that MS may have forced on them. If you do feel bitter or resentful, it's better to acknowledge those feelings rather than bottle them up.”

Unfortunately, there aren't any easy answers, but the fact you're reading this shows you care and want the best for you, your partner and your life together.

What can I do to help?

Just being there to provide support can be of huge benefit to your partner. On the whole, it's best to take your cue from her. MS is a variable condition and symptoms can come and go. She may feel much more positive on some days, whilst on others she may need more support. Most women with MS want to be treated as themselves, not as a patient or person with MS.

You're never going to have all the perfect responses for your partner, but simply listening to their worries is supportive in itself. However, there are times when you might feel overwhelmed yourself, suggesting taking a break and picking up where you've left off at a later date can give you some space to think things over. Giving your partner the space to talk freely, hopefully means that they will be open to listening if you need to talk.

Learning more about MS will give you a better understanding of what your partner is going through. Especially as many of the symptoms, such as pain and fatigue, are invisible – they can't necessarily be seen and so aren't obvious to other people. This doesn't make them any less real or difficult to cope with though. If your partner is complaining she feels exhausted, she's really not making excuses.

It's important to look after yourself too – that way you can better support your partner. Although your partner is the one with MS, your needs are important too. The following simple steps can help:

- get plenty of sleep
- eat healthily
- drink plenty of water regularly throughout the day
- make time for yourself to relax or socialise
- exercise regularly – even a brisk 20-minute walk can be beneficial if you have limited time.

How might MS impact on our relationship?

MS can affect the balance of a relationship. Your partner may be less self-confident or less positive in their outlook, especially if she's undergone physical changes that mean she is less independent – for example not being able to work as many hours or being less mobile than before. Your partner may find it difficult to believe that she is still sexually attractive to you or feel that she is increasingly a burden, especially if the relationship is moving from one of partnership to that of carer and cared for.

These changes can have a profound effect on the way a couple view each other sexually. If your partner is unwilling to have sex, it is easy for you as a partner to feel frustrated, unfulfilled, rejected or unloved. It's unlikely that this withdrawal from sharing intimacy is a reflection of her feelings for you. MS can impact on the way a woman responds sexually – these effects may only be temporary but they can be longer-term. Section 2 of this book explains some of the reasons why your partner may not be as willing to initiate sex or respond to your advances.

If sex is off the agenda at the moment, rather than focusing on trying to solve any sexual difficulties, try to show affection and take pleasure in any shared intimacy and sensual moments you can still enjoy together. This can help you stay close as a couple.

“I know she feels she can't fully fulfil her part in this relationship. She has very low periods where her self-image/confidence is at breaking point. She gets very jealous of my abilities as an able-bodied woman. I try to encourage her to attempt to try things to build up her self-confidence.”

Many couples find that working together through difficulties can bring them closer together and strengthen their relationship. Talking about any physical or emotional issues, of either partner, can help lessen any resentments from building up. However, in some cases you might find you need some relationship or sexual counselling to move forwards. See Section 8 for some sources of help.

There's no way of predicting exactly how a relationship will be affected. Some couples find that living with MS can initially put their relationship under pressure, but after a period of adjustment, they come out of it feeling closer than ever before.

“I think our relationship is stronger now. We have a much more gentle intimacy. We talk a lot and spend time just simply kissing and cuddling. If anything it has brought us closer.”

8. Resources

Games to play

Don't take these too seriously; the idea is to have fun and improvise!

Sit on a chair and ask your partner to stand behind you.

- Ask them to run their hands through your hair and massage your scalp using the tips of their fingers, gently covering your whole head.
- Ask them to move around and sit astride on your lap facing you.
- Ask them to continue massaging your head, moving on down to your neck and shoulders.
- Ask them to delicately kiss your face as they do this.

Blindfold your partner with a silk scarf and then ask them to sit or stand in front of you.

- Slowly undress them – as you remove each piece of clothing, stroke and caress this part of their body.
- Stroke their whole body with your fingers, starting with their face and gradually working down to their feet.
- Explore each part of them as you go.
- Vary the intensity of your touch. Tease them sometimes. Use your breath to blow on their skin.
- You may want to explain to them what you are going to do, or you may prefer to stay silent and keep them in suspense!
- As you explore different parts of their body, you may want to ask them how they're feeling – are they enjoying it? Does the touch feel sensual?

Next time swap roles and you wear the blindfold whilst your partner explores you. You could also try this with the person doing the undressing wearing the blindfold.

Sit down with your legs open as wide as you can. Ask your partner to kneel between your legs facing you.

- Tell them to place a hand on each of your knees.
- Bring their face as close as possible to yours so the tips of your noses touch.
- Move their hands slowly from your knees and up your legs until they are grasping the inside of your thighs about halfway up.
- Place your hands on your partner's shoulders and kiss them softly on the lips.
- Move your partner's hands to the top of your inner thighs and kiss them more deeply.

Sit on a chair fully clothed.

- Ask your partner to walk very slowly around the chair, breathing lightly upon your neck, ears and face whilst they remove all your clothing – except for your knickers.
- Let their hands drift over your body and ask them to give fleeting kisses on your nipples as they move around the chair.
- Ask them to part your legs and put their head between them, but not to touch you with their hands.
- Ask them to blow gently on your genital area and kiss you fleetingly over your knickers.
- Ask them to play with your clitoris, labia and vaginal entrance through the fabric of your knickers with their thumb and forefinger.

Sit on a chair with your head tilted backwards.

- Ask your partner to undo your clothing to expose your neck and breasts.
- Then ask them to stroke your forehead, cheekbones and nose.
- Ask them to wet their fingers and rub your lips – lick their fingers very slightly as they are doing this.
- Ask them to stroke your chin, moving on down to your neck, shoulders and collarbone.
- Move their hands to your breasts and get them to play gently with your nipples with their moistened fingers.
- Ask them to kiss you deeply.

Ask your partner to take off all their clothes.

- Using a soft hairbrush, brush them all over.
- Try brushing in different directions to create a variety of sensations.
- Ask your partner to return the compliment.

You could try using a stiffer brush to produce stronger sensations, but beware of being too rough!

Organisations

Sexual health

FPA

Provides sexual health information and advice on contraception, sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy.

www.fpa.org.uk

British Association for Sexual Health and HIV

Produces patient information leaflets concerning sexually transmitted infections and other sexual health problems.

www.bashh.org

Helplines and self-help groups

Sexual Advice Association

A charity providing information about male and female sexual problems.

Tel: 0207 486 7262

Email: info@sexualadviceassociation.co.uk

www.sexualadviceassociation.co.uk

Institute of Psychosexual Medicine

A charity which provides training and undertakes research in psychosexual medicine. The website includes a directory of doctors who specialise in sexual problems.

Tel: 0207 580 0631

Email: admin@ipm.org.uk

www.ipm.org.uk

Sex and disability helpline

Professionally staffed helpline provided by the Outsiders Club (see overleaf).

Tel: 07770 884985 (Weekdays 11am-7pm)

Email: sexdis@outsiders.org.uk

www.outsiders.org.uk/outsidescub/helpline/

Outsiders Club

A self-help group for people with physical and social disabilities seeking to gain more confidence and find partners.

Tel: [07410 544985](tel:07410544985)

Email: info@outsiders.org.uk

www.outsiders.org.uk

Switchboard

Offers information and support to the LGBTQ community.

Tel: [0300 330 0630](tel:03003300630) (10am-10pm)

Email: chris@switchboard.lgbt

www.switchboard.lgbt

Regard

Provides information and support to LGBTQ disabled people.

www.regard.org.uk

Bladder and Bowel Community

Supports people who are living with conditions that affect their bladder or bowel.

Tel: [0800 031 5412](tel:08000315412)

Email: help@bladderandbowel.org

www.bladderandbowel.org

Counselling

Relate

Offers advice, relationship counselling, sex therapy and support face-to-face, by phone and through the website.

Tel: [0300 100 1234](tel:03001001234)

Email: relate.enquiries@relate.org.uk

www.relate.org.uk

College of Sexual and Relationship Therapists (COSRT)

An organisation for therapists specialising in sexual and relationship issues. The website includes a directory of psychosexual therapists.

Tel: [0208 543 2707](tel:02085432707)

Email: info@cosrt.org.uk

www.cosrt.org.uk

Volunteering

TimeBank

National volunteering charity which runs volunteer mentoring projects.

Tel: [0203 111 0700](tel:02031110700)

Email: helpdesk@timebank.org.uk

www.timebank.org.uk

Do-It

Helps you find volunteering opportunities near you.

www.do-it.org.uk

Publications

My secret garden

A collection of women's sexual fantasies by Nancy Garden.

Forbidden flowers

More women's sexual fantasies by Nancy Garden.

Dare

A book exploring women's fantasies and what happens when they try to enact those fantasies by Tracey Cox.

Desires reborn

Erotic stories involving people with disabilities by Penny Pepper.

Sex for one: the joy of self-loving

Discusses masturbation as an expression of self-love, how to fully enjoy the pleasures of masturbation and how it can enhance sex with a partner by Betty Dodson.

The body image workbook

An eight-step programme for learning to like your looks by Thomas Cash.

The sex book

Explores sex, health and sexuality in a straightforward and adventurous way by Suzi Godson.

Enabling romance

A guide to love, sex and relationships for people with disabilities by Ken Kroll.

The ultimate guide to sex and disability

A self-help guide for people living with disabilities, chronic pain and illness by Miriam Kaufman.

Tactile mind

A handmade book of nude photographs for the blind or visually impaired by Lisa Murphy.

www.tactilemindbook.com

Sex toys and aids

Ann Summers

Stocks a wide range of sex toys available through their website, mail order catalogue, stores throughout the UK or home parties.

Tel: [0333 440 6969](tel:03334406969)

www.annsummers.com

Love Honey

Offers a wide range of sex toys through their website and mail order catalogue.

Tel: [0333 103 6969](tel:03331036969)

www.lovehoney.co.uk

Sh!

Female focused sex toys available through their website, mail order catalogue and a London shop – Sh! Women’s Erotic Emporium.

Tel: [0333 344 4005](tel:03333444005) (Weekdays 10am-7pm)

Email: hello@sh-womenstore.com

www.sh-womenstore.com

Spokz

Website includes a specialist range of sex aids to better enable sex – including masturbation aids, lubricants and massage oils, and furniture and cushions that can help improve sexual mobility.

Tel: [01543 899317](tel:01543899317)

www.spokz.co.uk

About the authors

MS Trust Information Team

The MS Trust is a UK charity for people with MS, their family and friends. We have a personalised enquiry service and provide extensive information through our website, social media and printed publications.

Nicki Abel, Lecturer/Practitioner in MS, University of Central England, Birmingham

Nicki has worked with people affected by MS and has a special interest in providing support to those with sexual difficulties.

Thank you

The MS Trust would like to thank all the women living with MS who have made this book possible through sharing their experiences or reviewing the text. We would also like to thank the following health professionals for reviewing the text:

- Lesley Catterall, MS Specialist Nurse, Milton Keynes Community Health Services, Milton Keynes.
- Sohier Elneil, Consultant Urogynaecologist and Uroneurologist, University College Hospital and National Hospital for Neurology and Neurosurgery, London.

Please contact the MS Trust information team if you would like any further information about the reference sources used in the production of the publication.

This edition published 2018.

The publication will be reviewed in three years.

Bibliographical information

MS Trust Information Team, Nicki Abel.

Sex and MS: a guide for women

ISBN 1-904156-11-8

© 2018 Multiple Sclerosis Trust

Registered charity no. 1088353

All rights reserved. No part of this book may be produced, stored in a retrieval system or transmitted in any form by any means, electronic, electrostatic, magnetic tape, mechanical, photocopying, recording or otherwise without written permission of the publisher.

We hope you found this book useful.

Could you make a difference for even more people living with MS?

It's only thanks to donations from people like you that the MS Trust can continue to provide free, reliable, practical MS information.

We're online, on the phone and in print with the right information at the right time for anyone affected by MS.

Making a donation is quick, simple and secure.

By phone

Give us a call today on
01462 476700

By text

Text
MSTR01 £5
to 70070 to donate £5

By cheque

Make payable to 'MS Trust' and return to the address overleaf

Online

Make a payment securely online at
mstrust.org.uk/don-info

**Multiple
Sclerosis
Trust**



Registered charity no. 1088353

Thank you



Multiple Sclerosis Trust

Spirella Building, Bridge Road
Letchworth Garden City
Hertfordshire SG6 4ET

T **01462 476700**

E **info@mstrust.org.uk**

www.mstrust.org.uk

Registered charity no: 1088353

