

Psychological Interventions for Sexual Health Among Cancer Patients: A Narrative Review

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Abstract

Background: Sexuality is a core aspect of well-being and personal relationships. Cancer and its treatment often disrupt sexuality through physical changes, emotional distress, and relational strain. Although cancer survival has improved, many individuals continue to experience difficulties with intimacy, desire, body image, and emotional closeness, yet these concerns are seldom addressed in routine oncology care, fueled by physically deteriorated health and resultant psychological issues, attached to sexuality and illness.

Method: This narrative review examines psychological interventions aimed at supporting sexual health among cancer patients, with particular attention to Indian cultural contexts. Studies published between January 2001 and May 2025 were identified through searches of PubMed/MEDLINE, PsycINFO, CINAHL, Scopus, and Web of Science using relevant key terms.

Result: Evidence suggests that psychoeducation, cognitive behavioral approaches, couple-based interventions, mindfulness-based therapies, and meaning-oriented psychotherapy can improve sexual well-being and relational adjustment.

Conclusion: Addressing sexual health through culturally responsive psychological interventions may meaningfully improve quality of life for cancer survivors, especially in settings where sexuality remains a sensitive or neglected topic.

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INTRODUCTION

Sexuality occupies a central place in human life, yet it is often treated as peripheral within care for major or serious medical illnesses. Chronic conditions such as cardiovascular disease, diabetes, and chronic obstructive pulmonary disease frequently disrupt sexual function through physical symptoms (e.g., fatigue, pain), medication side effects, and psychological burden, leading to reduced desire, arousal difficulties, and relational strain.^[1]

The sexual dysfunction among cancer patients varies among females and males and can go as high as 75% (females) and lower 40% among males.^[1] Before these sexual issues manifest, patients often grapple with significant psychological distress.^[2-4] Prevalence rates of common psychiatric disorders are notably elevated in these populations, with psychological distress ranging from affecting, depression (21-70%) and anxiety disorders affecting 20 to 37% of patients. In the

Indian population, the prevalence of psychological distress found by studies also supports these findings.^[5-8] These mental health challenges are driven by determinants such as illness severity, functional impairment, social isolation, and the inherent stigma of chronic disease, all of which create a foundation of distress that complicates sexual health.^[4,6-8]

Cancer represents a specific and intensified case of these broader patterns. In many oncology settings, attention is directed primarily toward disease control, symptom management, and survival outcomes, while concerns related to intimacy, desire, and sexual identity remain insufficiently addressed.^[1] Despite numerous feedback from patients that sexual issues are among the most upsetting and long-lasting effects of cancer and its treatment, this omission continues.^[1,9] Chemotherapy and radiation treatments damage energy and hormone function, further shattering gender identity and self-image, while surgical procedures may change body structure.

In Asian and Indian cultural contexts, these difficulties are frequently made more serious. Sexuality is rarely mentioned in public, especially by women and older individuals, and is sometimes portrayed as a private or marital issue. Sexual changes brought on by illness may be accepted in silence and seen as personal failings or unavoidable sacrifices rather than treatable health issues.^[5,10-12] Within this context, psychological interventions (PI) represent a critical yet underutilized component of comprehensive cancer care. Through this article, we are trying to understand different kinds of PI used, developed, or studied among cancer patients to improve sexual function and health, along with an overall increase in quality of life.

Methods

The narrative review described in this publication was chosen to combine clinical and cultural viewpoints with empirical data. Electronic searches were conducted using Scopus, PubMed/MEDLINE, PsycINFO, CINAHL, and Web of Science. Inclusion criteria for the studies were studies published in English-language, between 2001 and 2025 (or important landmark studies), and focused on the adult population above 18 years of age. Articles were

searched using key terms, including cancer, sexual health, sexuality, body image, sexual dysfunction, psychological intervention, psychotherapy, counselling, sex therapy, mindfulness, oncology, Asia, and India. Studies, addressing sexual function exclusively through pharmacological or surgical interventions, conference abstracts and non-peer-reviewed commentaries were excluded. were also excluded. After systematic screening of retrieved records and full-text assessment, 26 studies were found to meet the eligibility criteria and were included in the narrative review (Figure 1).

RESULTS

Across the reviewed literature, sexual health in cancer care was predominantly conceptualized as a psychological and relational concern rather than a purely functional outcome. Sexual difficulties were frequently linked to emotional distress, altered body image, relational strain, and identity disruption. Although clinicians acknowledged the importance of addressing sexual concerns, these issues were often neglected in routine oncology care due to prioritization of disease control and survival outcomes.^[13]

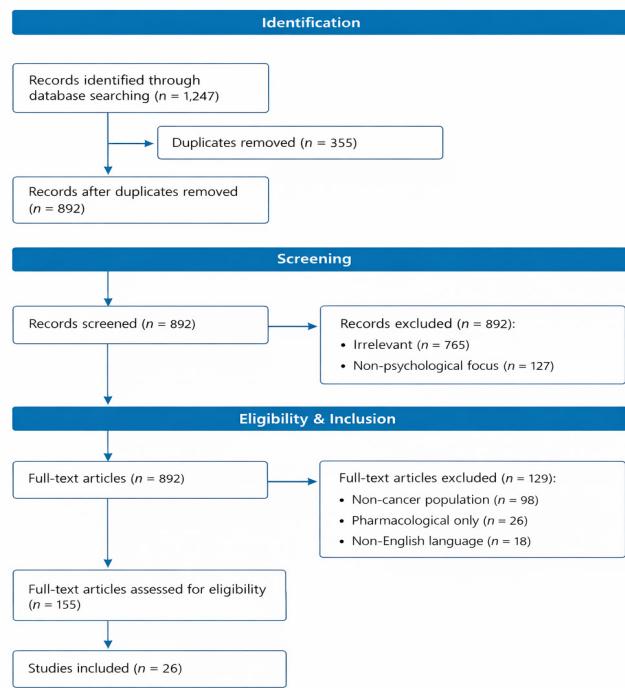


Figure 1: Flowchart of study selection

The studies primarily involved cancer survivors aged 40 to 65 years. Most studies focused on breast, gynecological, and prostate cancer survivors, with women overrepresented. Interventions were most often delivered post-primary treatment.

Interventions and Challenges

Psychological interventions clustered into four main categories: cognitive-behavioral therapy, couple-based interventions, mindfulness & meaning-centered therapies, and psycho-educational & counselling approaches. (CBT) and couple-based interventions were the most frequently studied and showed consistent benefits. Psychoeducational and counselling approaches were commonly used as first-line interventions to normalize sexual concerns.^[14,15] Mindfulness-based and meaning-centered therapies were less frequently studied and were primarily exploratory or pilot in nature^[16] (Table 1).

CBT-based interventions reported improvements in sexual satisfaction, body image, and emotional adjustment.^[14,17,18] Communication, relational satisfaction, and mutual coping all improved as a result of couple-based therapies.^[15] Mindfulness-based interventions reported reductions in sexual distress and improvements in body awareness.^[16] Meaning-centered therapies have been shown to enhance psychological health and alter perceptions of intimacy.^[18,19] Psychological outcomes like anxiety, depression symptoms, and quality of life were frequently evaluated alongside sexual outcomes.

DISCUSSION

The findings of this review indicate that sexual health in cancer care is predominantly understood as a psychological and relational concern, rather than a purely physical or functional outcome. The multifaceted aspect of sexual well-being after cancer was highlighted by the tight associations found between sexual difficulties and emotional discomfort, body image disturbance, relational anxiety, and identity-related change across cancer groups. Even though some psychological therapies had good effects on sexual and psychosocial outcomes, sexual health was not regularly addressed in standard oncology therapy and was not adequately implemented in standard care pathways. This gap between evidence and practice underscores the need to examine not only the effectiveness of psychological interventions but also the contextual, cultural, and systemic factors that influence their uptake and applicability across different healthcare settings. Survivors often report bodily disconnection and diminished desirability, with sexuality becoming associated with vulnerability rather than intimacy.^[5,11]

INTERVENTIONS

Psychoeducation and Counselling

Psychoeducational approaches represent an essential step in sexual health care, facilitating

Table 1: Psychological interventions for sexual health in cancer care

Intervention type	Core focus	Evidence of benefit	Cultural considerations
Psychoeducation	Normalization, information	Reduced anxiety, improved help-seeking	Use indirect language
CBT	Cognitive restructuring, coping	Improved sexual satisfaction	Address gender norms
Couple therapy	Communication, intimacy	Improved relationship quality	Family-centered framing
Mindfulness	Body awareness, acceptance	Reduced avoidance, distress	High cultural resonance
Meaning-centered therapy	Identity, existential meaning	Enhanced psychological well-being	Aligns with spiritual beliefs

normalization of sexual concerns and reducing anxiety.^[20] In Indian contexts, indirect communication styles and reassurance-based counselling appear more culturally acceptable than explicit sexual discussions.^[12,21]

Cognitive–Behavioral and Couple-Based Interventions

CBT-based therapies have shown increases in sexual fulfillment and emotional adjustment by addressing dysfunctional concepts about sexuality, body image, and performance anxiety.^[15–19] Couple-based interventions emphasize communication and shared coping and have been shown to enhance relationship satisfaction and reduce sexual distress.^[15,25] These relational approaches fit in nicely with the dominant social values in collectivist cultures.

Couple-Based Interventions

Sexuality following cancer is inherently relational, and couple-based interventions explicitly address the interpersonal dimensions of sexual distress. These interventions emphasize open communication, emotional closeness, and shared coping, and have been shown to improve relationship satisfaction while reducing sexual distress.^[15] Involving partners helps address misinterpretations, unspoken fears, and role changes that commonly emerge after cancer treatment. In cultures where family life and marital harmony are strongly valued, couple-based approaches are often more acceptable and effective because they treat sexual recovery as something both partners work through together, rather than as an individual problem.^[25]

Mindfulness and Meaning-Oriented Approaches

Mindfulness-based interventions encourage non-judgmental awareness of emotional reactions and bodily sensations, assisting survivors in reestablishing bodily connection and reducing avoidance.^[16,24] Meaning-centered therapies help survivors redefine sexuality beyond bodily functioning and address existential issues pertaining to intimacy and identity. These methods might be especially useful in Asian contexts where existential and spiritual coping strategies are common.

Cultural Considerations and Global Comparisons

Cultural norms have a significant impact on how sexual issues are viewed and handled. Open communication about sexual health is frequently impeded in Indian and other Asian healthcare settings by gendered assumptions, hierarchical clinician-patient relationships, and modesty conventions. In contrast, Western settings more frequently incorporate structured models such as PLISSIT into oncology care.^[13,26] While Western studies offer strong support for CBT and couple-based therapies, there is still insufficient evidence from Asian and Indian contexts, which emphasizes the necessity for models that are psychologically informed and culturally appropriate rather than merely embracing the Western framework.

CONCLUSION

Cancer patients and survivors frequently and persistently struggle with sexual health issues. To address these issues, psychological therapies offer practical and culturally appropriate solutions. By incorporating such strategies into cancer treatment, sexual health, interpersonal relationships, and general quality of life may all be enhanced.

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