

HEALTHY SEXUALITY AFTER A POSITIVE DIAGNOSIS: MY RELATIONSHIP WITH SELF

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This workshop encourages participants to examine their relationships with their body and sexuality after a positive HIV diagnosis. Through personal reflection and group discussion, participants will be able to describe the impact of HIV on their sexual self-esteem and body image; practice mindfulness to develop self-compassion to accept their body with HIV; and develop ways to eroticize the body after HIV diagnosis.

KEYWORDS

Body Image
Emotional
Intelligence
Health/Sexual Health
HIV/AIDS
Mental Health
Relationships
Sexual Behavior
Stress Management
Trauma

THEME

Sexual Health
& HIV

FORMAT

Workshop

TIME

140 minutes



PREPARATION

The facilitator(s) should use this section to prepare for the lesson.

WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

Minority stress theory suggests that Black LGBT individuals are exposed to more minority stress than white LGBT individuals, due to stress related to both homonegativity and racism (Meyer, 2010). Black gay men often experience homonegativity from their own communities and religious institutions and frequently feel the need to conceal their sexual orientation in order to continue their affiliation with these institutions that contribute to their racial pride and identity (Quinn et al., 2015). In the process of negotiating conflicting worlds, they may develop higher internalized homonegativity, isolation, and psychological distress (Quinn et al., 2015). Internalized homonegativity has been correlated with maladaptive coping behaviors such as, drug and alcohol abuse, risky sexual behavior, and delaying HIV testing (Fendrich et al, 2013; Quinn et al., 2015).

Considering the high rate of HIV diagnosis among black men who have sex with men (MSM), it is important to consider how a positive diagnosis may exacerbate already disproportionately high levels of internalized homonegativity, lower sexual self-esteem, and negative body image (Bird, et al., 2013). African Americans have a higher incidence of HIV diagnoses than any other ethnic groups. More than half of this population (58%) are black MSM (Centers for Disease Control and Prevention, 2018). HIV positive status adds another layer of stigma to the lives of Black MSM. Bird and Voisin (2013) suggest that Black MSM with HIV receive stigmatizing messages from family, the church, and the gay community at large before their diagnosis.

Black men living with HIV diagnosis are at a high risk for experiencing fear, embarrassment, guilt, shame, worthlessness, isolation, and depression (Feigin et al., 2013; Hutchinson et al., 2017). Williams (1996) posited that chronic illness reconfigures one's normal state of embodiment and there is a struggle between states of disembodiment followed by a state of re-embodiment. Gilbert et al., (2012) took this concept further in their study with cancer patients and claimed that the disembodied sexual subjectivity was characterized by bodily betrayal, sexual loss, lack of acceptance, depression, and anxiety. These negative emotions may impact self-esteem and body image (Kelly et al., 2009).

Body image issues are correlated with sexual functioning difficulties due to cognitive distractions (Wiederman and Sarin, 2014). Internalized homonegativity is related to body image issues (Reilly et al., 2006) and men living with HIV have reported negative sexual self-esteem which often manifests itself as the feelings of destruction of their sexual self, feeling of being sexually hazardous, and experiencing sexual inhibition (Rohlander et al., 2017). Positive sexual self-esteem can contribute to healthy sexuality with self and others.

Self-compassion and mindfulness are associated with life satisfaction in people living with HIV (Yang et al., 2017). As defined by Neff (2003a, b), self-compassion is a warm and accepting self-approach during times of difficulty, particularly those that may involve failure or some other disappointment with oneself. Self-compassion is characterized by three interrelated factors: mindfulness, self-kindness and common humanity (Neff, 2003a, b). Mindfulness in self-compassion involves maintaining a non-judgmental awareness of one's emotional discomfort as opposed to over-identifying with it. Self-compassion may contribute to self-acceptance which may in turn enable individuals to eroticize the body after HIV diagnosis.

OBJECTIVES

By the end of this lesson, participants will be able to:

- Describe the impact of HIV on their body image and sexual self-esteem.
- Practice mindfulness self-compassion exercises to affirm and accept their bodies with HIV.
- Recognize ways to eroticize their body and increase their sexual self-esteem.
- List three ways that they will care for their body.
- List three positive words that they will use to describe their body to themselves and others.
- List three negative words that they will avoid using to describe their body to themselves and others.

GOAL

Participants will develop an awareness of their sexual self-esteem and body image, and incorporate self-compassion based mindfulness as a technique for body acceptance.

TIME

STEPS 1-2	Introductions and Opening Activity	10 min.
STEPS 3-12	How Do I Feel About My Body?	25 min.
STEP 13	Body Positivity Mini-Lecture	20 min.
STEPS 14-18	My Sexual Self-Esteem, Part One	30 min.
—	Break (Optional)	10 min.
STEPS 19-23	My Sexual Self-Esteem, Part Two	30 min.
STEPS 24-28	Think-Pair-Share and Closing Activity	15 min.

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

The ideal facilitator is a peer who reflects the identities of the men participating (i.e., Black, same gender attracted/loving, genderfluid, etc.), particularly someone who can speak to the experience of coping with racialized HIV stigma.

The ideal facilitator will have working knowledge of the relationship between HIV, stigma, and self-esteem as well as the relationship between self-compassion and positive coping skills.

KEY TERMS

Homonegativity: negative emotions and attitudes toward one’s sexual orientation and same-sex attraction.

Body image: the mental representation one creates, but it may or may not bear close relation to how others actually see you.

Self-compassion: extending kindness towards oneself in instances of perceived inadequacy, failure, or general suffering.

Mindfulness: a mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations.

Body acceptance: accepting one’s body regardless of not being completely satisfied with all aspects of it.

Sexual self-esteem: the feelings you have about your body, and your confidence level in how you relate intimately to someone else.

SPECIAL CONSIDERATIONS

This workshop is designed for groups of 10–15 with two facilitators (preferably one mental health professional and a support person). However, it can be adapted for groups as small as eight. For a group size of eight, have answers prepared to help with the discussion during the group share activity. For the closing activity, participants can be grouped in pairs or it can be a larger group share out discussion.

This workshop is designed for individuals who are living with HIV. Maslow’s hierarchy of needs suggests that needs lower in the hierarchy (i.e. physiological needs) must be satisfied before individuals can attend to needs higher in the hierarchy (i.e. psychological needs, self-actualization) (Maslow, 1954). Therefore, this workshop is most appropriate for individuals who have been connected to medical care and are engaged with their HIV diagnosis and treatment.

This workshop is designed for an enclosed, comfortable open space with movable chairs/ desks to allow participants to change between pairs and auditorium style seating. The chairs/ desks should face forward (toward the facilitator space and flip chart). A community-based setting is most appropriate for the delivery of this workshop due to the sensitive nature of the lesson.

ADDITIONAL RESOURCES

Information on HIV and stigma:

- National Alliance of State and Territorial AIDS Directors, National Coalition of STD Directors, & Wilson, 2014: *Addressing stigma and its impact among Black and Latino Gay Men Living With HIV*
- Fife & Wright, 2000: *Stigma, discrimination and HIV*
- Hutchinson & Dhairyawan, R, 2017: *Shame and HIV: Strategies for addressing the negative impact shame has on public health and diagnosis and treatment of HIV*

Information on coping and self-compassion:

- Brion, Leary, & Drabkin, A. S. (2014). Self-compassion and reactions to serious illness: The case of HIV. *Journal of Health Psychology*, 19 , 2, 218-229. DOI: 10.1177/1359105312467391
- Videos: self-compassion.org/videos
- Article: self-compassion.org/what-self-compassion-is-not-2
- Video on mindfulness: [youtube.com/watch?v=JVwLjC5etEQ](https://www.youtube.com/watch?v=JVwLjC5etEQ)
- Video example of self-compassion practice: [youtube.com/watch?v=wm1t5FyK5Ek](https://www.youtube.com/watch?v=wm1t5FyK5Ek)

FACILITATION PREP

The facilitator(s) should complete the following tasks before the lesson starts:

- ❑ This lesson includes a slide presentation, “My Relationship with Self”, which can be found on the SWAG Toolkit website. Review the slides at least one day prior to the session to become familiar with its contents.
- ❑ This lesson features two YouTube videos:
 - “I live a full and healthy life with HIV. Keep the Virus Under Control - Ken,” at youtube.com/watch?v=O27czQwPt4U, and
 - “Gilead HIV: 2016 USCA: Ken Williams Shares His Personal Journey,” (play to 3:07 mark) at youtube.com/watch?v=1Gl2uqtwjMk.

Enable closed captions on the video.

Consider printing transcripts for those who may find it hard to follow the visuals (see YouTube for instructions). If a computer, projector, and screen are unavailable, or you do not have WiFi access, encourage participants to use any smart devices in the space to access the videos.

- ❑ Check your space 60 minutes in advance to ensure that a computer, projector, screen, speakers, and Internet access are available and in working order, and that the presentation can be seen and navigated properly. If you do not have access to technology, print out the presentation as a handout for each participant.
- ❑ Arrange the space so that participants face toward the facilitator and flip chart paper.
- ❑ Place Handout H1 and Handout H2 on each seat, along with a writing utensil.

MATERIALS

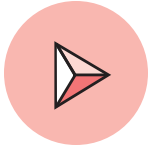
The facilitator(s) should have the following materials for the lesson:

- ❑ Computer
- ❑ LCD projector, screen, and connector cables
- ❑ Speakers
- ❑ “My Relationship with Self” slide presentation
- ❑ Flip chart paper
- ❑ Markers
- ❑ Tape
- ❑ Writing Utensils (*one per participant*)
- ❑ Timer

HANDOUTS

Each participant should be provided with the following printed materials:

- ❑ H1, “Body Image, Before Diagnosis”
- ❑ H2, “The Feeling Wheel”
- ❑ H3, “Body Image, After Diagnosis”
- ❑ H4, “My Sexual Self-Esteem”
- ❑ End-of-Session Evaluation



PROCEDURE

The facilitator(s) should follow the steps in this section to facilitate the session, and use the margin for notes and prompts.



Introductions and Opening Activity

STEP 1

Welcome participants to your session and conduct brief introductions (name, pronouns) with the group as needed. Review all established group agreements and reaffirm consent from the group. If group agreements have not been completed, please create them at this time (*use the Community Agreements lesson, if necessary*). For the purpose of this lesson, be sure to add agreements that correspond to the following ideas: Feelings are always valid, validate emotionally safe space, care for yourself, speak for yourself, etc.

STEP 2

If there is time, conduct a brief check-in with participants: ask them to give a one word answer of how they're feeling in the moment; indicate what they may need to release before the session can fully start.

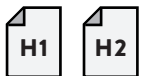


How Do I Feel About My Body?

STEP 3

Thank participants for joining the workshop. (*If you plan to complete the lesson, "Healthy Sexuality After a Positive Diagnosis—Myself and Others" with participants at a later date, explain that this is the first of a two-part session you will have together.*)

STEP 4



Explain to participants that they will now spend some time thinking and talking about the relationship they have with their bodies. Direct participants' attention to Handout H1, "Body Image—Before Diagnosis" and Handout H2, "The Feeling Wheel." Explain that they will be using both handouts later, so they should keep it close to them until the appropriate time.

STEP 5



Play the video, "Gilead HIV: 2016 USCA: Ken Williams Shares His Personal Journey of Overcoming HIV Stigma"; stop the video at the 3:07 minute mark.

STEP 6

Redirect participants' attention to Handout H2, "The Feeling Wheel." **Ask** for a show of hands of individual who have ever heard of or seen The Feeling Wheel before. **Explain** that the Feeling Wheel is a tool to help individuals develop their emotional vocabulary and intelligence. **Explain** that the center of the wheel includes more simple emotional words that might be heard on a regular basis (e.g., sad, afraid, happy), while the edges of the wheel include words that cover more complex aspects of those emotions. **Solicit** any initial reactions people have to the wheel before moving on.

STEP 7

Instruct participants to revisit the video they just watched, and to specifically consider the phrase "mourn the loss of him", quoted in the video by the main speaker. *(If you have access to a white board or flip chart paper, you may wish to write the phrase out for everyone to see.)* **Instruct** participants to, based on that statement, reflect on how they felt about their bodies prior to their HIV diagnosis, and write their thoughts and feelings on Handout H1, "Body Image—Before Diagnosis". **Give** participants five minutes to reflect and write.

STEP 8

After five minutes, **invite** 1–2 willing participants to share their reflections. *(If no one volunteers, do not force a response.)* **Thank** anyone who volunteers before moving on.

STEP 9

Explain to participants that for the next exercise they will follow Ken's story, and then later reflect on how they feel about their bodies in the present day. **Play** the video "I live a full and healthy life with HIV. Keep the Virus Under Control - Ken."

STEP 10

After the video concludes, **distribute** Handout H3, "Body Image—After Diagnosis." **Instruct** participants to reflect and write about how they view their bodies presently, using the handout to write words that reflect their thoughts and emotions, and circle any areas of the body that they have found they see differently since they've been diagnosed. **Give** participants five minutes to complete the handout.

STEP 11

After participants have completed the handout, proceed through the following Discussion Questions:

1. “How was it doing this exercise? Is there anything that stands out to you from your reflection, or from the videos?”
2. “What do you think Ken meant by ‘being a full-bodied member of myself?’”
3. “Ken ended the video saying that ‘he gets to choose his path now’ and that he is ‘still learning everyday’. What are some things that you have learned about your body and yourself since receiving a positive diagnosis?”
4. “Does it matter if you feel good about your body when living with HIV? Why or why not?”

STEP 12

Thank participants for sharing and for giving themselves permission to reflect. If you are able, briefly summarize what participants shared. Explain that although we may have some different feelings about our bodies after receiving a positive diagnosis, it’s especially important now to love and take care of them to the best of our ability. Explain that having a positive outlook on one’s self is an important part of self-care.



Body Positivity Mini-Lecture

STEP 13

Explain to participants that there are a few concepts to be reviewed before moving on. Open the slide presentation included with this lesson, Slides S1, “My Relationship with Self.” Proceed through the slides follows:



SLIDE 1 Title Slide

Solicit responses to the question “What do you think the relationship is between body image and health?” Solicit 2–3 responses before moving on.

SLIDE 2 Body Positivity

Explain to participants that body positivity is a key factor in having a positive connection between body image and health. Read each bullet point on the slide, and ask participants for any examples they have of people they believe exhibit body positivity. Solicit 2–3 examples before moving on.

SLIDE 3 Sexual Self-Esteem

Explain to participants that body positivity is highly related to sexual self-esteem, which refers to a person's sense of self as a sexual being. Explain that when a person has high body positivity, they are more likely to have higher versus lower sexual self-esteem. Explain that sexual self-esteem can refer to the feelings a person has about their body, their confidence level, their sexual ability, or anything else in that area. Explain that it's hard to be sexual when a person does not feel good about their body.

SLIDE 4 Self-Compassion and Body Acceptance

Explain to participants that self-compassion is a form of self-love. Explain that self-compassion is a warm and accepting approach to accepting your body and yourself, especially during times of difficulty, such as failure or some other type of self-disappointment.

SLIDE 5 Self-Compassion Factors

Explain that self-compassion has three interrelated factors: mindfulness, self-kindness and common humanity. Solicit any initial reactions participants have to the terms before moving on to Slide 6.

Beginning with the mindfulness circle at the top, explain to participants that mindfulness in self-compassion involves maintaining a non-judgmental awareness of one's emotional discomfort instead of over-identifying with it. Solicit 1–2 examples of how someone might do this before sharing the following: I am feeling angry about this experience, but I am not an angry person.

Move to the Self-Kindness circle and explain to participants that self-kindness entails treating the self with care and kindness rather than criticism and self-judgment.

Finally, move to the Common Humanity circle and explain to participants that common humanity is awareness of the universal experience of being human—that all people experience struggle, as opposed to self-isolation. Solicit any questions, comments or concerns participants have about the factors before moving on.



My Sexual Self-Esteem, Part One

STEP 14

Return participants' attention back to the body image exercise they did earlier. **Remind** them that they were instructed to circle a body part that they felt differently about since their diagnosis. **Explain** that for the next exercise, they are invited to think about their selected body part(s) with self-compassion.

STEP 15

Explain to participants that it can be difficult to practice self-compassion without first practicing self-awareness. **Solicit** examples from volunteers of simple, inexpensive ways one can practice self-awareness on a regular basis. If no one mentions it after 2–3 responses, **solicit** a show of hands of participants who meditate, or have heard of meditation as a way to increase self-awareness. **Explain** to participants that while there are lots of different benefits of meditation, one major way is that it can give an individual the opportunity to sit in stillness and observe themselves in a real time, fully-present way.

STEP 16

Explain to participants that you will now be facilitating a self-compassion-based meditation exercise with them. **Explain** that the exercise usually requires that people close their eyes; however, if that is not comfortable for people, **explain** that participants can keep their eyes open, focusing them instead on a neutral area of the room where they won't get distracted. **Give** participants 30 seconds to decide which they would rather do and, if necessary, position themselves in a non-distracting place in the room.

STEP 17



Begin by reading **Facilitator Resource A, “Body Image Mindfulness Exercise.”** **Read** each sentence slowly, pausing for 2–3 seconds between. After reading the passage in entirety, **invite** participants to re-focus on the larger group, and then **proceed** through the following Discussion Questions:

1. “On a scale from 1, meaning terrible, to 5, meaning excellent, what was that experience like?”
2. “What did it feel like to get in touch with a part of your body that you were disconnected from?”
3. “What makes it hard to have this kind of focus on our bodies in positive ways?”
4. “What could be valuable about reconnecting with this part of the body, or with your body as a whole?”

STEP 18

Thank everyone for engaging in the self-compassion exercise. Invite participants to take a brief moment to sit with the feeling of self-compassion and body love.

**Break (Optional)**

If you are incorporating a break in the session, adjourn the group now.

**STEP 19****My Sexual Self-Esteem, Part Two**

(If you gave your group a break, welcome participants back to the second half of the session.) Explain to participants that they will now go back to thinking more about sexual self-esteem and its relationship to body image. Invite participants to recall a definition for sexual self-esteem before returning to the slide presentation:

SLIDE 6 Sexual Self-Esteem and Body Image

Explain to participants that sexual self-esteem and body image go hand in hand. Explain that sexual self-esteem is the confidence and feelings one has about themselves as a sexual being. Explain that it may include aspects of our past and current experiences and that, since our bodies are what house sexuality, it is important to be aware of how one feels about their body.

Ask participants the following question: “How might low sexual self-esteem affect your confidence in dating and engaging in sexual activity after a positive diagnosis?” Solicit 2–3 responses.

SLIDE 7 Sexual Self-Esteem and Sexual Decision-Making

Explain to participants that sexual self-esteem is an important component of open sexual communication, including sexual assertiveness, or the ability to communicate and share one’s sexual needs, desires and preferences with one’s partner(s). Explain that sexual self-esteem can make the difference in being able to negotiate for what we want in a sexual encounter, including safe sex practices.

Ask participants the following question: “How might one’s sexual self-esteem impact your sexual decision making?” Solicit 2–3 responses.

STEP 20

Distribute Handout H4, “My Sexual Self-Esteem,” and a writing utensil. Reiterate to participants that sexual self-esteem influences the way that someone makes decisions about sexuality. Explain to participants that they will now spend some time with the handout, thinking about their personal levels of sexual self-esteem. Explain that they will not be sharing their answers with the larger group, but that they might choose to share within a smaller group once they are done. Encourage participants to complete the handout honestly and to the best of their ability. Give participants 10 minutes to complete the handout.

STEP 21

Reconvene the larger group, and thank everyone for completing the handout. Direct participants’ attention to the thought bubble on the handout that asks, “Are these thoughts helpful in building your sexual self-esteem?” Explain that sometimes, the automatic negative thoughts that we have about ourselves can stop us from being fully present to our bodies, as Ken mentioned in the video.

STEP 22

Post a sheet of flip chart paper and ask people to think of ways that a person could increase their sexual self-esteem. Solicit 1–3 examples and write them on the sheet before moving to the next slide:

SLIDES 8-9 Increasing Your Sexual Self-Esteem

Read the first bullet point of the slide, and then return participants’ attention to the self-compassion exercise they completed earlier during the session. Explain to participants that mindful self-compassion can be done daily, at any time they find it useful or necessary. Explain however, that even if they only do it once, the practice can help a person choose to come home to their body with love, power and resilience. Encourage participants to visit websites like YouTube after the session to find other guided mindfulness exercises for them to try.

Move to the second bullet point on the slide and ask participants to explain what they believe the statement means. After 1–2 participants have spoken, explain that sometimes it can be much easier for us, based on how we were raised, or what we were taught to believe, to put care and effort into people sooner and more deeply than we do ourselves. Explain to participants that a body that is cared for with love and compassion is a healthy body. As one example, refer participants back to the video in which Ken discussed medication adherence and remember doctors’ visits as key parts of taking care of his body. Go to Slide 10.

Solicit a show of hands from participants who take time to fantasize. **Explain** to participants that our biggest and most powerful sexual organ is the brain. **Encourage** participants to take time to fantasize, whether about scenarios from past sexual experiences or those that they may wish to experience in the future. **Encourage** participants to embody the fantasies they have, and to use them to help them grow in their erotic power and sexual self-esteem.

Read the second bullet point on the slide, and then **ask** participants how it feels to hear that as a suggestion. **Solicit** 2–3 responses before encouraging participants to consider self-pleasure as much of a birth right as food, water, or other basic necessities. **Encourage** participants to consider developing an erotic space in their home, in which they might store their favorite mood music, movies, sex toys, bubble baths, lubricant, massage oils, etc. **Explain** that they may wish this to be a private space that they can access without extensive interruption. **Encourage** participants to create a routine around self-pleasuring in order to experience positive anticipation, and to affirm that their bodies are deserving of love and pleasure. **Explain** that grounding one’s self in affirmations like that will help build sexual self-esteem and sexual confidence in order to invite love and pleasure from others.

STEP 23

Solicit any final questions or comments about the slides before closing the presentation and moving on. If participants suggest any other strategies for boosting one’s sexual self-esteem, **add** them to the flip chart sheet.

**Think-Pair-Share & Closing Activity****STEP 24**

Instruct participants to partner up with someone in the room. Once everyone has been paired, **explain** to the group that the list that has been generated does not represent all the ways a person could increase their sexual self-esteem. **Encourage** participants to see that the road to sexual self-esteem is a journey, and that it’s important to be patient and continuously listening to their bodies.

STEP 25 Return participants' attention to Handout H4, "My Sexual Self-Esteem" that they completed earlier. Explain that completing it may have helped participants reflect on how they feel about themselves and their body as a sexual being. Explain that it may have also helped them realize areas of improvement they may need to do to stay committed to being a full-bodied member of yourself.

STEP 26 Instruct each pair to discuss the following questions with each other:

1. "What are three things that you will do everyday to care for your body?"
2. "What are three positive words that you would use to describe your body to yourself and others?"
3. "What are three negative words that you will avoid using to describe your body to yourself and others?"

Give participants five minutes to talk. Then, invite 1–2 volunteers to share what they discussed. (*If no one volunteers, do not force participation.*)

STEP 27 Ask if anyone has any outstanding questions about the lesson. Respond to these as necessary. Distribute a copy of the End-of-Session Evaluation to each participant. Allow participants 5–7 minutes to complete the evaluation, and collect them as they are completed. After five minutes, invite any participants who have not completed the evaluation to do so after the next activity.

STEP 28 Once everyone has shared, thank participants again for participating, and then adjourn the session.



FACILITATOR RESOURCE A

SELF COMPASSION EXERCISE

Directions: Read each line of the passage below, pausing for 2–3 seconds between.

Please make yourself comfortable as you can in your chair, shifting your weight so that you are fully supported. Now, I know that it is not easy to close your eyes in a room full of strangers but try your best to focus on this experience.

Take a few deep cleansing breaths, exhaling as fully as you can...
and another, deep into the belly... breathing as fully as you can.

If any distracting thoughts come into your mind, notice it and let them go.

Now, gently turn your attention to your body, noticing how it feels....just a friendly interest in what is happening there....still breathing deeply and easily....and looking at your body with the honest, neutral eye of a camera.

Now, focus your attention on one part of your body that you feel is disconnected from you, and that you feel differently about since your diagnosis. Gently bring this part of your body to focus in your mind.... Take a deep breath and look inside yourself, toward this part of your body, with compassion. It has followed you in your journey through all the medical treatments, with the loyalty of a good friend. Take a deep breath and send a message of gratitude and kindness to this part of your body. Welcome it with loving-kindness.

Let yourself feel only love and compassion ...breath deeply and notice how good it feels to acknowledge and appreciate this part of yourself. Now take another deep breath and gently open your eyes and come back to the room.

Facilitator: Read this once you re-gain participants' attention:

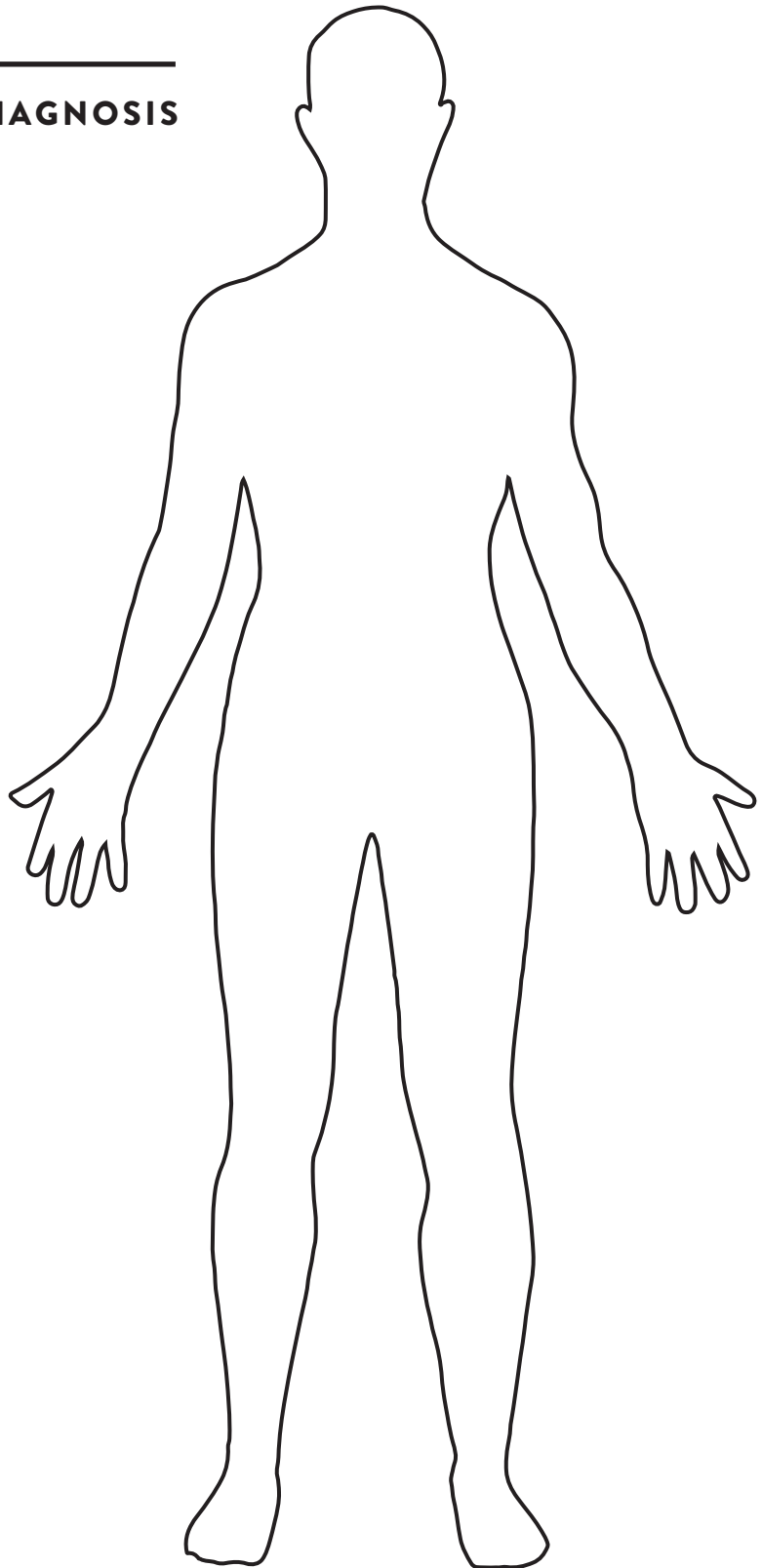
Know that when you closed your eyes and welcomed back that part of your body, you sent a message of unconditional acceptance and love. You've accepted responsibility for being the author of this next chapter in your story where your body is not or disempowered but rather a powerful warrior, capable of protecting you and fighting for your best possible outcome and for your integrity. You have chosen self-compassion, and you have chosen to come home to your body with love, power and resilience. However long we have in our body, let's live there with gratitude and kindness.



HANDOUT

BODY IMAGE, BEFORE DIAGNOSIS

How do I feel about my body?
Write any words or ideas that
come to mind.



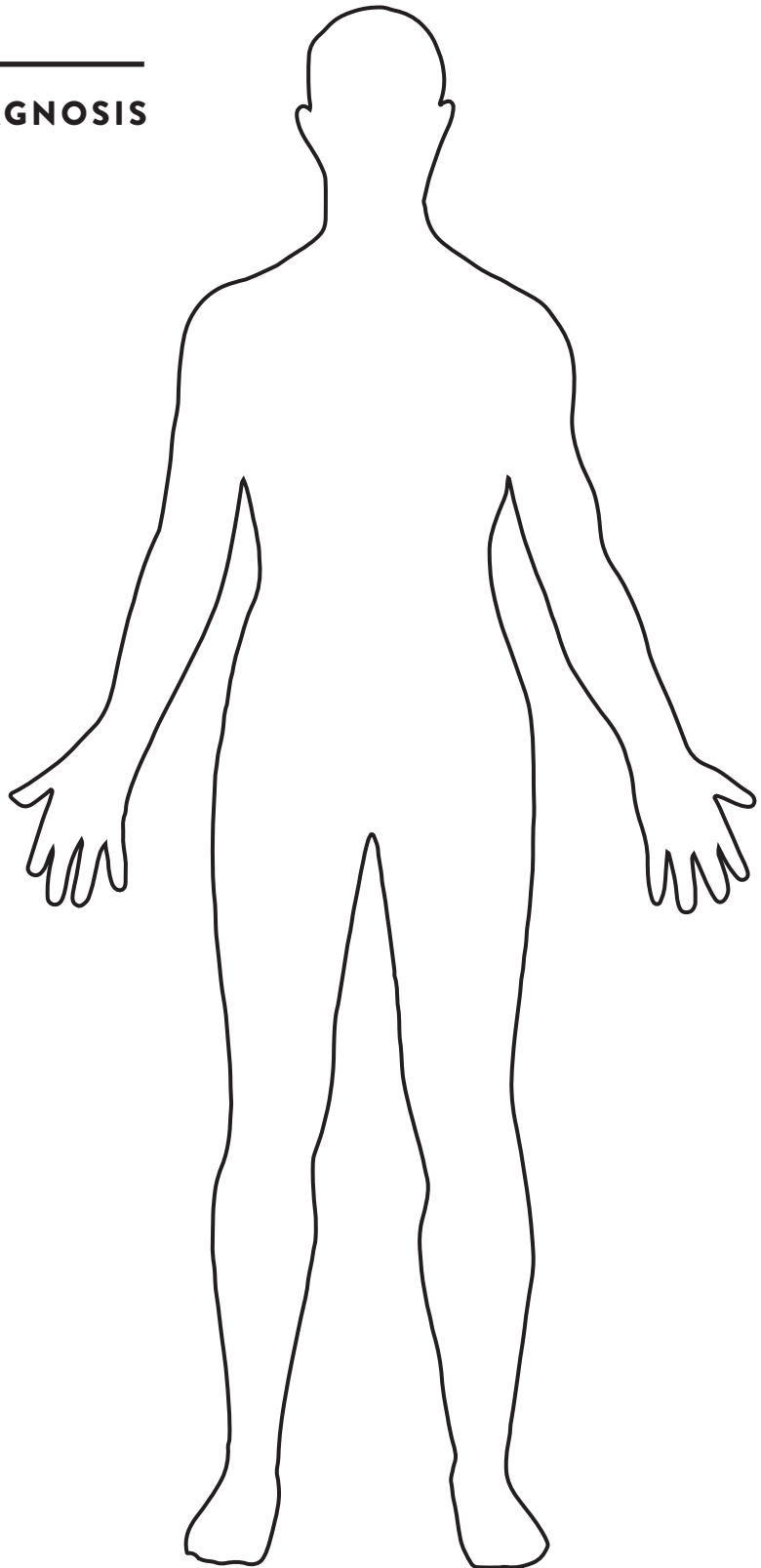


HANDOUT

BODY IMAGE, AFTER DIAGNOSIS

Directions:

Circle the areas of the body that you feel differently about since you were diagnosed.





HANDOUT

HANDOUT

MY SEXUAL SELF-ESTEEM

How would you describe your sexual self-esteem before your diagnosis?

How has your sexual self-esteem been impacted since your diagnosis?

When you are thinking about engaging in a sexual experience, what thoughts come to mind now?

What might be helpful to tell yourself if/when adverse thoughts come to mind?

