

Rehabilitating Pleasure and Libido After Medical Castration: A Neurological Therapeutic Approach

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ABSTRACT

Introduction: Medical castration via endocrine treatments for hormone-sensitive cancers is life-saving but often life-altering [1-5]. Sexual side effects such as reduced libido and genital changes are common yet under-treated [1-3,5]. A deep understanding of the neurological aspects of desire and the distinctions between arousal, and libido is crucial for effective interventions. Drawing on professional experience in neurorehabilitation, somatic sexology, polyvagal theory and lived experience as a hormone-positive cancer patient, this article introduces a novel, integrated program for pleasure and libido rehabilitation, tailored to adults who have undergone medical castration.

Method: Participants were recruited via global, online cancer support communities and invited to join a program, solo or partnered, following endocrine cancer treatments. Open to all genders and genital configurations, the initiative delivered three online masterclasses: one on libido recovery for couples, and two on genital rehabilitation (vulvovaginal and penis-focused). These programs were designed for in-home use to ensure privacy and accessibility [6].

Participants completed a mixed-methods survey upon program completion, including multiple-choice and qualitative response items. Outcomes assessed included libido restoration, increased intimacy, improved communication with partners and healthcare teams, enhanced genital sensation, erectile function, and reduced symptoms of vulvovaginal atrophy.

Project/population and settings: A series of online masterclasses were developed to target the neurological, sensory, and psychosocial dimensions of libido and genital pleasure recovery [1,7,9,10]. The programs incorporated neuroplasticity-informed exercises, somatic bodywork techniques, polyvagal applications, and communication training, tailored to recovery of libido and two different genital configurations [1,2,6-8,10]. They were designed for solo or partnered use, accessible from home, and focused on restoring sensation, function, pleasure, sexual confidence, relational intimacy, blood circulation promoting genital arousal processes and atrophied tissue healing.

Results: Upon completion, participants report improved genital sensation, increased libido, greater emotional connection, improved function and restored sexual self-esteem. Feedback indicates significant benefits for individual's post-prostatectomy and menopausal individuals experiencing vulvovaginal atrophy. Notably, 81% of participants reported positive outcomes, attributing success to repetition and collaborative practice.

Conclusion: This project offers a comprehensive, accessible model for sexual rehabilitation in cancer care. It highlights the importance of integrating neurological, sensory, and interpersonal elements into post-treatment care and advocates for broader clinical integration and research [1,2,6-8,10].

Keywords: Libido Rehabilitation, Medical Castration, Sexual Dysfunction, Oncology, Sensory Reintegration, Pleasure Rehabilitation, Breast Cancer, Prostate Cancer, Ovarian Cancer, Hormone Positive Cancer, Neuroplasticity, Somatic Sexology, Vaginal Atrophy, Erectile Dysfunction, Erectile Changes

Introduction

Cancer treatments involving endocrine therapies—commonly known as “medical castration”—target hormone-driven cancers such as prostate, breast, and ovarian by suppressing sex hormone production [2-5]. While these treatments are medically

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necessary, they often result in profound, unaddressed disruptions to sexual health and quality of living, including genital sensory changes, diminished libido, relationship breakdowns and altered self-perception [2-5,9].

Despite the high prevalence of these issues, medical systems rarely provide adequate, specific interventions. Patients are often left to navigate a void, where genital atrophy, erectile changes a loss of sexual identity and more, are treated as inevitable collateral damage rather than addressable outcomes [1,3,4,7]. There is a critical gap in care: one that must integrate neurophysiological knowledge, somatic practice, and patient-centred empathy [1,2,6-8,10,11]. This paper presents a libido and pleasure rehabilitation model developed from nearing a decade of lived and clinical experience, combining somatic sexology, occupational therapy, neurological rehabilitation, and patient co-design.

Theoretical Framework and Rationale

Interventions for loss of libido and sexual function must begin with a clear understanding: libido (desire) is neurologically distinct from arousal (physiological response) [12]. Libido loss reflects disruption, or neural pruning, of neural pathways—interfering with the cognitive-emotional component of sexual wanting—while arousal relates to physiological enjoyment [7,12,13]. To summarise, libido is wanting (neurological), arousal is enjoying (physiological). Medical castration disrupts not only hormone levels but also sensory processing and affective engagement with the body [3,7,13]. These neurological disruptions mirror phenomena seen in other conditions involving sensory loss or neuroplastic change—such as stroke, amputation, or spinal cord injury [3,13]. Just as patients can re-learn to feel and move through guided repetition and sensory retraining, so too can they relearn how to feel touch, which then allows them to re-learn how to feel pleasure [7,13].

Methods: Program Design

The therapeutic framework includes three online masterclasses:

1. The Vulva Pleasure masterclass
2. The Penis Pleasure masterclass
3. The Libido Recovery masterclass

Each course is structured around neuroplastic learning principles:

- **Sensory reintegration:** Adapted from upper limb rehab protocols, focused on genital touch with various textures and techniques to stimulate re-mapping of sensory pathways [7,13].
- **Somatic sexology:** Guided gradual progressing technical exercises fostering safe and exploratory touch for solo or partnered use [6,14].
- **Polyvagal regulation:** Breathwork and other ventral vagus nerve engagement tools to foster safety and reduce anxiety [8,11].
- **Communication skills:** Structured dialogues, boundary-setting, and consent frameworks to promote intimacy and responsiveness [6,5,15].

Program delivery

All masterclasses are designed and delivered through a trauma-informed lens [10,15]. Courses are delivered entirely online to ensure privacy and accessibility [6]. Each module includes

education, anatomy, learning activities, hands-on techniques (demonstrated on 3D models), easy-read pamphlets and reflection activities. Weekly engagement of approximately 1.5 hours is recommended, allowing for neuroplastic repetition and gradual progress [7,13].

Outcomes and Participant Feedback

A mixed-methods survey upon program completion was sent to completed participants compiling qualitative data from over 450 participants. The feedback indicated successful outcomes in the following areas:

- **Sensory improvement:** Participants report restored sensation in previously numb genital areas.
- **Libido resurgence:** Many describe a re-emergence of desire, often after years of absence.
- **Relationship enhancement:** Improved communication and emotional intimacy were common outcomes.
- **Pain reduction:** Notable in menopausal participants managing vaginal atrophy or vulvodynia.

Quantitative highlights:

- 81% of participants reported significant benefit.
- Many participants indicated that repeated engagement over several weeks was essential to their success.

Selected qualitative feedback:

“For the first time in five years, I was able to have finger penetration without pain.”

“This gave us back what cancer took away—we’re kissing, teasing, laughing again.”

“It’s working. The want for each other is back.”

“There was always something lacking in my erectile dysfunction recovery, and then I found your work”.

Discussion

This program reframes sexual rehabilitation after cancer from a physiological or pharmaceutical focus, into a neuro-emotional one that can be retrained [3,7,12,13]. By using the principles of neuroplasticity, this approach acknowledges that libido and pleasure are recoverable, even post-castration [7,13].

In practice, this means that pleasure, intimacy, and sexual confidence are not permanently lost—they are recoverable. With intentional practice, education, and support, patients can reconnect with their erotic selves and rebuild trust with their bodies and partners [7,6,13].

Recommendations

1. Clinical Integration:

Healthcare providers include sexual rehabilitation discussions during treatment planning and survivorship care, using programs like this as referral tools [3-5].

2. Interdisciplinary Collaboration:

Oncologists, psychologists, occupational therapists, and sexologists must work collaboratively to normalize and address the sexual consequences of hormone-related cancer treatments [1-5].

3. Research Expansion:

Further research into long-term outcomes and adaptations across diverse populations is recommended, with attention to gender-diverse experiences and non-traditional partnerships [4,5,16].

4. Training:

Clinicians should be trained in the neurophysiological foundations of libido and sensory rehabilitation to better support their patients beyond physiological solutions [4,5,17].

Personal Reflection

The author has undergone multiple rounds of chemical castration as part of cancer treatment and writes from both professional and deeply personal experience. These programs were born from the urgent need to find recovery and healing in the wake of sexual castration for continuation of life—a situation shared by countless others.

“The very thing keeping me alive is also what makes life feel unliveable. That’s why I created these programs. We deserve something better.” T. Devèze.

Conclusion

Rehabilitating pleasure and libido after medical castration is not only possible—it is vital. These programs provide an innovative, practical, and deeply human response to one of cancer treatment’s neglected consequences. They offer not just restoration, but transformation—of sensation, desire, and connection.

Disclosure of Interest

The author has lived experience with medical castration, personally funded all resource development, and income from sales contributes to cost recovery.

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