

A PRACTICAL GUIDE

Parkinson's & Intimacy

Finding what feels good and possible now.

Parkinson's may change how intimacy happens. It does not make your need for connection less valid. This guide is for people living with Parkinson's and their partners, including people who are single or dating. Use the questions alone or together.

Intimacy can mean affection, emotional closeness, sensual touch, erotic pleasure, or sex. You do not have to want all of these, and partners do not have to want the same thing at the same time.

Start with curiosity

Movement changes, fatigue, mood, and medication effects can influence intimacy. Changes in facial expression may be mistaken for disinterest. Ask how someone feels instead of relying on expression alone. [1, 2]

Use The CLEAR Intimacy FrameworkSM to find a place to begin

The CLEAR Intimacy FrameworkSM is Bree's five-step coaching approach for turning a concern into a small, consensual experiment. Use it to reflect, communicate, and try small changes together.

C - Clarify what you want

Ask: "What am I hoping for today?" Perhaps it is affection, reassurance, pleasure, orgasm, or simply less tension. Name your wish before deciding what to do. If you have a partner, hear each other's wishes without assuming they match.

L - Locate what gets in the way

Ask: "Where does this become difficult?" Consider energy, timing, movement, discomfort, worry, privacy, or the shift between caregiving and being partners. Choose one obstacle to work with rather than trying to fix everything.

Try saying: "I miss feeling close to you. Could we talk about what feels comfortable for each of us now?"

Choice comes first. Either person can decline, change their mind, or stop. Affection does not create an obligation to continue to sexual activity.

The CLEAR Intimacy FrameworkSM — continued

Make room for possibilities

Choose one idea. Keep it manageable. Adjust together.

E - Expand what intimacy can include

Intercourse is one option. Kissing, cuddling, massage, mutual or solo masturbation, oral sex, or toys may also be options when wanted and comfortable. Sexual activity without intercourse is sometimes called “outercourse.” [1, 2]

Create a short menu: **connection** (talking or shared time), **sensuality** (pleasant touch), and **erotic pleasure** (wanted sexual touch). Choose from it without treating any option as a step toward something else.

A - Adapt to your body and your day

Consider a time when you usually have more energy and your prescribed medication is working well. Ask your Parkinson’s clinician about symptom timing; do not change doses or schedules on your own. [2]

Try a practical adjustment: Use pillows or a supported position that feels comfortable and stable. Choose less demanding movement, allow breaks, and take turns when useful. Seek physical or occupational therapy advice if balance or positioning is difficult.

Try a pressure adjustment: Agree on five minutes of wanted touch with no expectation of intercourse or orgasm. Check in with “more, less, different, or stop?” End at the agreed time unless both people want to continue.

When caregiving fills the day: If possible, set aside a brief period for being partners. Ask: “Would you like help right now, or would you like affection?” Let the answer guide you.

R - Review without grading

Afterward, ask: “What supported connection? What took effort? What would we repeat or change?” Feeling comfortable enough to say “stop” or “not today” is useful information too.

An example: losing an erection during a position change

Pause and ask what each person wants now. You might stay in a supported position, choose another kind of pleasure, or stop. An erection does not have to determine whether the time together was meaningful. Recurrent erection difficulties deserve medical evaluation.

YOUR NEXT STEP

One small experiment

Use this worksheet on your own or with a partner.

What kind of connection do I / we want?

What is the main obstacle today?

What will we try, and when?

What are our limits, and how will we signal a pause?

Afterward: what felt good, and what should change?

When to involve a clinician

Bring new or persistent pain, dryness, erection or orgasm difficulties, or distressing changes in desire to your healthcare team. Some antidepressants can affect sexual function. Dopamine agonists can cause compulsive sexual urges or behavior; report sudden or hard-to-control changes promptly to your Parkinson's clinician. Do not stop or adjust medication yourself. [2]

A clinician can assess medical causes and treatment options. Coaching can support communication and practical experiments; a licensed mental health professional can help when distress or relationship difficulties need therapy.

Want support with the conversation?

Bree Arlyn-Pessin offers online intimacy and sex coaching. Start with a free 15-minute consultation by phone or video.

intimacywithbree.com

Sources for medical information (accessed October 7, 2026)

[1] Parkinson's Foundation: [Intimacy and PD](#)

[2] Parkinson's UK: [Sex and Parkinson's](#)

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