Human sexuality in physical and mental illnesses and disabilities
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Chapter One

General

*Medical Sexology / Sex and the Disabled*

Various medical conditions that can cause sexual dysfunctions in the male are discussed.


Neurologic, chemical, endocrinologic, and surgical causes of sexual impotence are identified and discussed in view of research and clinical studies. The author asserts that while many causes of impotence can be diagnosed, only occasionally can a remedy be provided.


Discussed in this paper are obstetric-gynecologic conditions, cardiac disorders, various infections, pregnancy, uterine cancer, and other medical conditions that may require a patient to abstain from sexual activity. Both myth and medical facts are presented.


The main purpose of this article is to discuss male and female sexual dysfunctions associated with health problems, e.g., disease processes, surgical procedures, and drug treatment. The nursing management of temporary sexual dysfunctions resulting from these health problems is also discussed. The nurse's function includes identifying possible sexual
dysfunctions in the patient and making an effort to open free communication with the patient. If necessary, the patient must be adequately referred to a professionally trained sex therapist.


Studies dealing with sex and chronic illness show that sexuality continues to be an important part in the lives of many chronically ill patients. In this brief article, the author outlines and discusses some specific suggestions for sex counseling with the chronically ill patient and the disabled. The author concludes that “most sexual problems of chronically ill patients can be resolved through reassurance and encouragement as well as cooperation and patience from their spouse.”


The authors discuss the relationship between sexual functioning and behavior and chronic illness. Specific illnesses and medical conditions presented include cerebrovascular disorders, endocrine diseases, spinal-cord injuries, and pelvic surgery. Also discussed are the role of the physician in facilitating sexual adjustment in patients, and patterns of adequate psychosexual adjustment.


This article is addressed to health-care professionals in an attempt to increase their awareness of sexual difficulties in patients who suffer from physical ailments. The author stresses the importance of sex counseling with these patients, and indicates that the counselor has to be comfortable in discussing sexuality with patients.


The nature, incidence, and etiology of retrograde ejaculation are discussed. Various medical conditions and surgical procedures that may result in this ejaculatory disorder are identified and examined. Treatment suggestions are also made.

The authors relate their experience in restoring sexual functioning in physically disabled patients through the use of a private room attached to the ward. The article describes the room and its purposes.


When direct sexual expression is unavailable or blocked, an alternative physical expression is needed to preserve psychological equilibrium. The association between various physical disturbances and sexual difficulties and conflicts is discussed in light of numerous case studies. Some specific suggestions for counseling are presented.


The manifestation of sexual dysfunctions and conflicts in various physical symptoms is discussed and several case studies are presented for illustration.


Organic, medical, and psychological factors in retarded ejaculation are identified and discussed along with some suggestions for treatment. Among the medical conditions associated with this sexual dysfunction are prolonged inflammation in seminal vesicles, intensive stricture formation within the posterior urethra, and Peyronie's disease.


This paper presents the authors' observation and examination of the clinical, chemical, surgical, and pathological aspects of the genital system of male patients with cystic fibrosis. Also described are findings relating to the reproductive capability of these patients. Abnormalities of the genital tracts were found to be an early constant feature of this disease. These changes are reported to be responsible for sterility and aspermia, and are reflected in the reduced volume and altered chemical composition of the ejaculate in these patients. The authors indicate,
however, that testicular function and male sexual activity need not be affected by the disease. In female patients, cystic fibrosis does not cause comparable anatomic abnormalities. Most women with cystic fibrosis can bear children successfully.


In the medical treatment offered the ill, the whole body is considered, but seldom is the sexual functioning of the individual integrated in the treatment. Among nurses there is little knowledge of sex counseling. In order for the health-care professional to fully “nurse” the ill person to health, the effects of illness on sexuality must be discussed and the patient must be counseled. The author discusses sexual aspects of various common health disorders, i.e., heart disease, pulmonary disease, obesity. She suggests that sex counseling needs to be an integral part of the health care of patients. The psychosexual aspects of the disfiguring and mutilating forms of cancer are also discussed. Specific suggestions for effective counseling by nurses are presented.


Sexual problems and concerns of long-term hospitalized patients and their spouses are discussed. Medical and psychological aspects of the sexual dysfunctions experienced by these patients are presented.


In general, this book discusses the symptoms, etiology, prognosis and treatment of sexual dysfunctions in the male, i.e., impotence, ejaculatory problems, and sexual deviations. Of special interest are chapters covering neurological, endocrinological, and other organic problems associated with sexual difficulties in the male. Also of interest is a chapter discussing disorders of potency related to and associated with psychiatric illness.

Psychological and organic factors causing impotence are discussed in this chapter. Of particular interest is the section identifying and discussing various physical illnesses and disabling conditions that may result in sexual dysfunction, e.g., vascular diseases, genitourinary failure, and others.


Organic and psychosomatic causes of dyspareunia are discussed along with various treatment modalities. The author concludes that “as soon as it is diagnosed, organic dyspareunia is easy to cure or refer, but the cure of psychosomatic dyspareunia requires a physician sensitive to the social environment of the marital unit.”


The author asserts that “sexual functioning is responsive to stress and is thus influenced by emotional tensions and pressures, including those arising in the course of illness from any cause.” The effects of various diseases and medical conditions on sexual functioning are identified and discussed along with the role and function of the physician in providing needed counseling and advice. Specific medical conditions discussed include cardiovascular diseases, hypertensive vascular disease, pulmonary diseases, renal disorders, diabetes mellitus, pelvic problems, and surgical intervention.


The main focus of this article concerns nursing assessment and intervention with patients who have irreversible health limitations. The article deals specifically with guidelines in approaching the patient regarding concerns about his or her sexuality. The second part of the article discusses specific activities in assessment of and intervention in the sexual aspects of a patient’s care. The author suggests that before a nurse can effectively discuss a patient’s sexuality, the nurse needs to be aware of and comfortable with her own sexuality. In addition to self-awareness, the nurse needs to have adequate knowledge of the anatomy and physiology of sexual functioning and of how irreversible health limitations affect this functioning.

Various physical and mental symptoms that should alert the treating physician to possible sexual difficulties in the patient are discussed along with specific suggestions for effective sex-history interviews.


The paper examines erotic arousal and orgasm in spinal-cord-injury patients, and other cases of unusual anomalies or impairments of the genital-reproductive system. Data were obtained from patients through extensive interviews conducted by the author. Based on his findings, the author concludes that sexual orgasm is coordinated by genitopelvic anatomy, hormones, and the brain, "any one of which may fail in its contribution without total destruction of orgasmic function." Also, no one of these contributing components can be considered indispensable more than the others. Among the rare cases discussed are: extensive surgical resection of the genitals; prostatic resection; postpriapism impotence; eunuchism; and hypogonadism.


Problems of sexual functioning associated with various illness conditions, crippling and disfiguring injuries, specific sexual-system deformities, and other diseases are discussed in this chapter. Treatment and counseling possibilities are also presented.


According to the author, about ten percent of all cases of sexual impotence are due to physical illness or organic faults. Some of these organic causes of impotence are discussed, along with some suggestions for treatment. Among the conditions discussed are paraplegia, diabetes, overweight, alcoholism, and drug abuse.

Almost any form of chronic physical impairment or illness can adversely affect a patient's sexual functioning and behavior. The impact of spinal-cord injuries and coronary heart disease is the focus of discussion in this article. The author calls for more adequate sex counseling for the severely disabled person to assist him or her in obtaining some level of sexual adjustment.


In this chapter, the author discusses the traumatic psychological effects of the loss of sexual function in the male. Of particular interest is a section discussing the impact of feelings of loss on sexual functioning in illnesses which may physically involve the genital organs, e.g., genital surgery and spinal-cord injuries. The role of the physician in assisting patients in this area of concern is identified and described.


This article reports the results of a study aimed at examining sexual adjustment among institutionalized, long-term physically disabled patients (n=155). Results show that long institutionalization does not necessarily invalidate sexuality. Other results and conclusions are discussed.


Traumatic causes of impotence are discussed in light of clinical and research findings. Conditions presented include injuries to the penis, introduction of foreign bodies into the urethra, loss of the testicles, head injuries, spinal-cord injuries, and others.

Both physicians and their patients hold various impressions regarding the relationships between medical conditions and sexual function and behavior. This article presents and discusses the results of a study aimed at the examination of these relationships. An attempt was made to study the degree to which patients and physicians think that there are relationships, the amount of communication that occurs between them regarding these relationships, the amount of information physicians believe is available on these matters, and the amount of information which is actually available. Data are summarized and conclusions are presented.


Psychological and sociosexual aspects of chronic illness and severe disabling conditions are discussed. The role of the health-care practitioner in alleviating sexual concerns of patients is identified and stressed.


In a number of cases, men may be rendered incapable of ejaculation as a result of physical diseases or surgery. The effects of various diseases (e.g., diabetes, urologic disorders) on the ejaculation mechanism are discussed. Aftereffects of prostate surgery, and the use of certain drugs, can result in retrograde ejaculation.


Physical aspects of sexual functioning are discussed with regard to various diseases, surgery, and physically handicapping conditions. Medical conditions included in this chapter are cardiac disorders, hypertension, pregnancy, and diabetes. Conditions relating to surgery that are discussed are prostatic surgery, hysterectomy, mastectomy, oophorectomy, colostomy and rectal surgery, and vaginal surgery. Alternatives for sexual expression for those with a physical handicap are discussed briefly. Other medical problems associated with sexuality which are presented include epilepsy, mental retardation, institutional isolation, and disfiguring injuries and diseases. The author emphasizes the physician's responsibility to determine the level of functioning of the patient.
and to freely discuss sexuality with the patient. The importance of sex counseling with patients is emphasized.


The author presents case examples to illustrate direct somatic symptoms of sexual conflicts that result in shame, guilt, anxiety, and inhibition. The most common of these symptoms seems to be pelvic congestion, which is a result of chronic or repeated arousal without orgasmic release, and which usually is perceived as discomfort in the pelvic area and back.


Sociomedical considerations and psychosocial and sexual aspects of cystic fibrosis are discussed and suggestions for counseling and therapy are presented.


Medical illness and sexual behavior are commonly interrelated. The relationship between sexual function, dysfunction, and behavior and medical illness is discussed, along with some specific suggestions for counseling.


The author asserts that “there is an increasingly widespread recognition that a reciprocal relationship probably exists between most medical illnesses and patients’ sexual behaviors, attitudes, and expectations.” He classifies sexual behavior problems associated with medical illness into four groups: disinterest, or lack of desire for sexual activity; physical incapacity or discomfort with sexual performance; fear of causing, precipitating, or aggravating a physical illness by sexual activities; and the use of physical illness as an excuse to avoid undesired sexual experiences. These four groups of possible sexual implications of physical illness are further discussed. In conclusion the author suggests that “when a latent sexual problem becomes manifest during medical illnesses, the physician managing the medical illness must rec-
ognize the relationship of the two problems and refer those he does not feel competent to treat.”


Sexual problems and concerns encountered by the practicing nurse in various medical fields, and the nurse’s role in alleviating them, are discussed. Emphasis is placed on patients in intensive care units, where “sexual acting out is common,” and on patients in trauma and neurosurgery wards, e.g., spinal-cord-injury patients. Also discussed is the role of the nurse in sex counseling with geriatric patients.


Aimed at the practicing physician, this chapter identifies and discusses family, marriage, and sexual aspects associated with various chronic diseases. These include acquired and congenital heart disease, surgery of the head and neck, breast surgery, hysterectomy, colon surgery, renal transplantation, and other medical conditions. Possible sexual dysfunctions associated with some of these conditions are discussed and case reports of patients are presented to illustrate possible marital implications. The authors assert that the physician must be aware of and prepare the patient for the potential impact of a disease or its treatment on marriage and the family.


This book treats sexuality from biological, psychological, and social points of view. The book includes chapters on sexual adaptation to hospitalization and illness; sexuality and chronic illness, e.g., diabetes and heart diseases; sexual adjustment following enterostomy, mastectomy, and hysterectomy; sexuality and paraplegia; and the effects of drugs on sexual behavior and functioning. The role of the health-care professional in sex counseling and sex education is also discussed.

Zahn, M. Incapacity, impotence and invisible impairment: Their effects upon interpersonal relations. *Journal of Health and Social Behavior*, 1973, 14, 115–123.

This study examines the impact of certain characteristics of physical impairments upon various interpersonal relations, i.e., relationships
with spouse, general family relationships, relations with friends, and casual encounters. One of the functional limitations studied was sexual dysfunction. It was hypothesized that the loss of sexual function as a result of physical disability will be disruptive of interpersonal relations primarily within the family setting. Also, the younger the sexually dysfunctional person and the higher his social class status the greater will be the disruption in interpersonal relationships within the family structure. Results and conclusions are presented.


Sexual concerns of hospitalized patients, and the role of the nurse in dealing with sexual acting-out behavior of patients, are discussed. The importance of sex education within the context of nurses’ training is emphasized.


Sexual concerns and difficulties of hospitalized patients are discussed along with some factors that facilitate better nurse-patient relationships and increase the nurse’s ability to deal with the patient’s sexuality.


Sexual dysfunctions in the male secondary to various surgical procedures are discussed. Specific procedures described include colostomy, ileostomy, and renal transplant.


The author asserts that many urological surgical procedures threaten sexual potency in the male. The sexual implications of various surgical treatments are identified and discussed. These procedures include sterilization and castration, vasectomy, colostomy, ileostomy, and renal transplant. Many operative procedures result in disorders of ejaculation, e.g., retrograde ejaculation, absent ejaculation. These sexual disorders and their association with various urological surgical procedures are also discussed. The author suggests that “the surgeon, as a key figure in bringing on the loss of function, has to weigh benefits and
possible losses, but he usually accepts more readily than the patient the dysfunctions involved."

**Sex and the Disabled**


Sexual satisfaction and adjustment play an important role in the individual's ability to adapt to an acquired physical disability. The authors present a framework that shows how sexual functioning is affected by various physically disabling conditions, such as brain injuries, spinal-cord injuries, muscular diseases, amputations, renal disease, diabetes, heart condition, multiple sclerosis, and enterostomy. The framework shows the areas of sexual function impaired by each disability for both males and females. According to the authors, sexuality has to be discussed with physically disabled patients within the context of other medical and rehabilitation problems and issues faced by them. A frank discussion of the sexual implication of a disability should take place when the patient is ready for such a discussion. The authors also stress the following points: (1) loss of sensation does not mean loss of feelings and emotions; (2) loss of potency does not mean loss of ability; (3) loss of urinary continence does not mean loss of penile competence, and (4) loss of genitalia does not mean loss of sexuality.


Members of the Center for Independent Living discuss in this article their feelings and attitudes regarding their sexuality. The sexuality of the disabled person has been ignored far too long. Negative attitudes toward the disabled person as a sexual being have caused difficulties for the disabled in viewing themselves as sexual beings. The attitudes of health-care and rehabilitation personnel are a key factor in assisting the disabled person to achieve sexual adjustment and total rehabilitation and social integration.
The Center for Independent Living is “a support group owned and operated by persons with physical disabilities. . . . They work together on all aspects of creating an independent lifestyle for the physically disabled.” They use peer counseling programs to assist newly disabled persons with the mental preparation for independent living. CIL also works for political change, particularly within the medical profession and institutions which serve the disabled. The Center, located in Berkeley, California, offers consulting services to rehabilitation centers and hospital staff.


According to the author, the main purpose of this book is to clarify the handicapped teenager’s role in the home and society, and to assist him or her in dealing with daily problems imposed by the disabling condition. The book is also intended to assist parents and other family members in understanding the increased range of experience and maturity open to the teenager if he or she is properly directed and encouraged. Of particular interest is a chapter discussing sexuality and the handicapped teenager. Outlined in this chapter are common sexual problems faced by the handicapped and the importance of and the need for sex education for handicapped teenagers and their parents.


Sexual deprivation as a result of physical illness or trauma, and its psychological impact on the patient and the patient’s spouse, are among the topics discussed in this paper.


Results of a study examining knowledge and attitudes toward sex and the handicapped person were discussed in this presentation.


Sexuality is viewed as a dynamic, continuous process in human development, based on learning and developmental experiences. Disability in childhood usually affects the individual’s sexual development
and adult relationships. This paper describes the scope of the problem of sexuality in the disabled person and explores the role of the rehabilitationists in facilitating the client's sexual development. The author has developed a positive approach to sexuality and disability as a result of his experiences as a sex counselor with spinal-cord-injured veterans. He presents studies which indicate that sexual inadequacy can affect overall psychological adjustment because sexuality is an organizing factor forming the person's sense of identity. Sex education and sex counseling help the disabled to become more creative sexually, to communicate effectively with their sex partners, and to improve their sexual function.


The message of this article is that all human beings are sexual by nature, from the moment of their birth to the moment of death. This includes the handicapped person, who should enjoy equal rights for the expression of sexual feelings and needs. The article provides an analysis of the difference between the psychosexual and the social development of the disabled person and that of the able-bodied person. While the latter develops a more-or-less realistic sexual self-concept and is accepted as a sexual human being, the development of the former is one of frustration and denial, especially for those handicapped who are placed in an institution early in life. Those who become handicapped as teenagers or adults face greater problems because they have experienced the sexual attitudes of society, and "having internalized society's concept of the handicapped as asexual and something less than human, they apply it to themselves in their new state." As a result, their sexual self-concept is distorted. Professionals should accept the disabled person as a sexual human being and provide services that assist the individual in the expression of his or her sexuality.


Sexual adjustment is an important factor that promotes total rehabilitation of physically disabled persons. This article discusses psychosexual and social aspects of disability and identifies the role of the health-care practitioner in assisting patients toward improving their sexual self image.

The author discusses problems of sexual and psychosocial adjustment faced by the physically disabled person and his or her spouse and suggests some readjustment possibilities. A case study is presented to illustrate both the difficulties and some possible solutions to the problems.


Sexual aspects in physical disabilities are discussed.


The purpose of this study was to identify some of the complex ways in which disabled husbands in families with employed wives and in families with nonemployed wives affect the family. Another goal of this study was to determine whether or not husbands of employed wives make fewer economic decisions than those with unemployed wives. Finally, an attempt was made to ascertain whether the severity of disability affects the performance of household roles by disabled husbands. Results of this study are analyzed and discussed.


The author discusses the rights of the handicapped for culturally normative sexual expression, and the importance of sexual adjustment in the rehabilitation process of the disabled person.

Chigier, E. Sex counseling of the physically disabled. Paper read at the Thirteenth World Congress of Rehabilitation International, Tel Aviv, Israel, June 13–18, 1976.

The author describes the experiences gained in sex counseling of physically disabled patients at the Sex Adjustment Clinic for the Disabled at the Rehabilitation Center, Sheba Medical Center, Israel.


Various reactions of rehabilitation workers to the disabled person presenting sexual problems are discussed. The author asserts that, in
contrast to ineffective reactions, the rehabilitation worker needs to consider sexuality a legitimate part of the rehabilitation process and facilitate sexual adjustment in the disabled person.


The author emphasizes the importance of sexual adjustment for total rehabilitation of physically disabled persons. Realistic acceptance of the disability is directly associated with realistic consideration of sexuality. Cole also presents physiological explanations of reflex erection and of the sexual response cycle in the spinal-cord-injured person as compared to able-bodied persons. A section on the spinal-cord-injured female is included. The author makes some suggestions for counseling the disabled person in the area of sexuality.


The authors discuss the importance of sexual expression and adjustment for the physically disabled person. The implications for rehabilitation and health-care professions are: (1) health-care practitioners must be comfortable with their own sexuality so that they can effectively assist the disabled person in the process of sexual adjustment; (2) practitioners should display a willingness to discuss sexuality with the disabled person; (3) mutual trust and open communication should be developed and maintained between the practitioner and the disabled client; (4) the health-care professional needs to accept the fact that sexuality is an important factor in the disabled person's rehabilitation process; and (5) professionals need to reexamine their sexual attitudes and gain understanding of their sexuality. The message to the handicapped person is that sexuality involves much more than the physical characteristics of sexual intercourse.


Although some disabilities directly affect sexual functioning, most do not. This article discusses sexuality in physical disabilities, identifies myths held by health-care practitioners, emphasizes the importance of sexual adjustment within the framework of total rehabilitation, and describes the physician's role in assisting the patient to reach sexual adjustment.

Rehabilitation counselors are frequently confronted by clients who have problems of sexual nature. Counselors must be aware of the importance of sexual adjustment in the context of total rehabilitation of clients. The article reviews sex information and sources of such information that are of interest to rehabilitation counselors working with spinal-cord-injured clients, mentally retarded persons, or persons with other disabilities.


Various issues and problems related to the sexuality and sexual expression of the handicapped person are discussed, along with some recommendations for handling problems presented by the handicapped. The author also presents several general rules for improving sexual functioning that are pertinent for all, but especially so for the disabled person.


This book discusses psychological, educational, and vocational aspects of mental retardation. Of special interest are two chapters discussing sexuality and the mentally retarded person. One of these chapters argues for the importance of sex education for mentally retarded persons and discusses an approach to take in teaching sex-related subjects to this population. The other chapter of interest discusses marriage for the retarded person.


This book, written by a young woman paralyzed and confined to a wheelchair, pinpoints the urgent need for a change in society's attitude toward the physically disabled person. The author asserts that the public as well as health-care professionals are far from aware that the handicapped are denied the most fundamental of human needs, the need to love and to express their sexuality. She gives an account of her experience of the repressive attitudes toward sex in rehabilitation and hospital settings and the isolation a disabled person has to cope with in a society largely ignorant of the disabled person's sexual needs and capabilities. Constructive proposals for alternatives are offered.

Using a semantic differential scaling procedure, the authors compared the attitudes of physically disabled college students (n=23) with nondisabled students (n=47) on attitudes toward various sexual behaviors. Results show no significant differences between the two groups in this regard. However, the disabled group scored significantly lower in regard to feelings of their own sexuality.


The importance of sexual adjustment for the physically disabled person and chronically ill patient has been recognized by many. This article presents sexual problems and concerns experienced by patients and describes the role of the nurse in alleviating them.


The major purpose of this study was to examine the effects of severe, long-term physically disabling conditions upon marital relationships in couples where the wife was the disabled individual (n=36). A Perception of Needs Scale and a Marital Satisfaction Scale were developed and used in this study. Results show that the physical condition of the disabled subjects cannot be used as a predictor of need or of marriage satisfaction in either member of the couple. Need satisfaction and marriage satisfaction were found to be highly correlated. The authors suggest areas for future research.


The author is convinced that “much of the bitterness and life-long resentful hostility that handicapped adults often show could be avoided by more concern for the social, emotional, and sexual development of children.” It seems that the handicapped adolescent is treated as a sexless person who lacks sexual needs and interests. Also, current rehabilitation practices give the disabled person little or no opportunity for social integration. Parents and professionals should recognize the need of adolescent disabled children to win attention and attract interest from the opposite sex. This is important in the developmental process of clarifying and establishing the masculine or feminine role.

Anxiety after a devastating injury often brings to the surface hidden conflicts relating to the injured person’s sex role. Often a patient displaces this sex-related anxiety to a concern about his physical status. This article discusses some of the sex-related problems that affect the rehabilitation process. It is important for the rehabilitation worker to be aware of the fact that a client's sexual behavior often reflects his characteristic style of participation in interpersonal relationships. In dealing with the patient’s sexual rehabilitation, the health-care professional must also deal with the patient's family and must try to understand the problems and stresses that the patient might encounter while at home.


This book discusses various groups that, according to the authors, are sexually oppressed. Of special interest are chapters presenting sexual concerns and problems of the physically disabled, the mentally retarded, the deaf, the aged, and the terminally ill patient.


The author asserts that, “because of her own anxiety about sex, the nurse may avoid the patient's attempts to communicate his sexual concerns.” Aimed at practicing nurses, this article discusses sexual difficulties and concerns associated with various medical conditions, such as hysterectomy, prostatectomy, and diabetes. The role of the nurse in assisting the patient in dealing with his or her sexual concerns and problems is also identified and discussed.


This brief article stresses the importance for the disabled adolescent of self-acceptance as a core requirement to becoming well-accepted, socially and sexually, by others.

The author asserts that feelings of inferiority in handicapped youths can be reinforced by their parents' feelings of anxiety and guilt. The aim of this booklet is to discuss how handicapped persons feel about themselves and their relationships with other people. The message to parents is that "guilt, anxiety, self-pity, over-indulgence, ambivalence, or unrealistic demands help no one." To assist parents in their interaction with their disabled teenagers, the author presents a wide range of topics in question-and-answer format, including questions on sexuality, marriage, and children of handicapped persons.

Gordon, S. Sexual rights of people . . . who happen to be handicapped. Syracuse, New York: Center of Human Policy, 1974.

Professionals are gradually facing the realization that people with disabilities are not exceptional in their sexual impulses. This pamphlet proclaims that access to information about sex, sexual expression, and birth control services is a basic right of all handicapped persons. The author emphasizes: "The isolated among our handicapped cannot afford to be naive about sex. The retarded and their families must be prepared for making decisions about such matters as contraception and voluntary sterilization." The author discusses how parental attitudes, coupled with the general atmosphere of the family environment, affect the child's eventual sexual attitudes and behaviors in adulthood. Parents' reactions to the child's masturbation or his use of obscenity are discussed, and the problems of sexuality in an institutional setting are examined.


The author stresses the importance of sexual expression and adjustment for the physically disabled person. This book discusses psychological, social, and sexual aspects of disability and the need for counseling and education for the improvement of sexual expression by the disabled.


In a paper presented at the Westminster International Seminar on "Rehabilitation—The New Era," Greengross strongly advocates the sexual rights of the disabled. She discusses the sexual problems of the disabled, "to give the subject the airing it so badly needs," and touches upon the topics of parental attitudes toward sex, sexual identity, masturbation, lack of privacy, lack of transportation, and inadequacy of
sex counseling. She emphasizes that because the disabled are shut off from so many of the pleasures in life, they should be helped to develop all possible channels for pleasure, comfort, and personal exploration. These include all the joys of loving another human being and being loved in return.


The authors assert that the “management of sexual problems in the physically disabled is a complex task because of the multiple etiological considerations and the varied treatment strategies with which the professional must be familiar.” Therefore, they define the problems of sexual dysfunctions associated with physical disabilities by differentiating between the primary, organic dysfunctions and the secondary, behavioral ones. This chapter discusses the management and treatment procedures of both types of sexual dysfunctions. Aspects of treatment discussed are: when to initiate treatment; who is best qualified to treat; how to introduce the idea of treatment to the patient; and the need to recognize and accept the sexual value system of the treatment unit. Specific management procedures of primary and secondary sexual dysfunctions are identified and reviewed. The treatment modalities described included prostheses, drugs, exercises, surgery, behavior modification programs, training and practice of sexual activities, positions of sexual intercourse, alternate sexual behavior, group education and counseling, surrogate partner training, and sex education for disabled children.


This paper is an abridgement of six addresses made at the 1973 joint annual meetings of the American Academy of Physical Medicine and Rehabilitation and the American Congress of Rehabilitation Medicine. In general, the papers emphasize the psychosocial aspects of sexuality which the rehabilitation team should consider in dealing with disabled persons. The role of learning, the importance of communication between partners, and the necessity of integrating sex drives, sex acts, and sexuality are discussed, along with principles of management.
of sexual dysfunctions in three disabilities, i.e., cardiovascular disorders, spinal-cord injuries, and amputations.


In 1973 a Committee on Sexual Problems of the Disabled (SPOD) was set up in England. The committee was initiated by the National Fund for Research into Crippling Diseases to study and advise on sexual problems as these might occur among disabled persons. A study of the sexual problems of physically disabled people, carried out on behalf of the Committee in 1974/75 by the Research Institute of Consumer Affairs, demonstrates clearly that: (a) the majority of disabled people encounter sexual problems associated with their disability. (b) Generally speaking, the more severe the overall handicap, the more probable is associated sexual difficulty. (c) Sexual problems arise in relation to all major groups of disability and are not linked only with disorders of the sexual system itself or with psychogenic elements of sexuality. (d) Until recently, little attention has been paid to such problems by the public or by professional workers in the field of disability. Indeed, the sexuality of the disabled man or woman has been ignored or tacitly denied by society in general. (e) Any thorough knowledge of the problems and of solutions to them is rare in the helping professions. Most training courses for medical, paramedical, and social workers take little account of them. (f) Most disabled people who encounter sexual difficulties receive little or no advice or counsel directed at solving or ameliorating their problems. These findings have been amply borne out by the Committee’s experience, and SPOD has adopted an ongoing function aimed at public and professional education in these matters, accumulation and dissemination of information concerning them, and setting up a service for advice or referral for ongoing counsel where these are required by disabled clients or those concerned with them.


The idea that handicapped persons also have sexual needs is being realized more and more. This book discusses various motor disabilities and their impact on the sexual functioning of the handicapped person.
Also presented are the sexual implications of respiratory disorders and skin diseases. For the reader's clearer understanding of the physical and sociological aspects of sex, chapters on the reproductive system, its disorders and treatment, and adult sexuality are included.

Hoch, Z. Sex therapy and marital counseling for the disabled within the framework of a sex therapy center. Paper read at the Thirteenth World Congress of Rehabilitation International, Tel Aviv, Israel, June 13–18, 1976.

The author describes a sexual and marital counseling program conducted at Rambam Hospital in Haifa, Israel.


Sexual problems associated with a physical disability and the role of the rehabilitation staff in dealing with the sexuality of the disabled person are the two main topics discussed in this presentation. Also presented are a few precautions that should be considered when counseling the disabled person regarding his or her sexuality.


Part two of this book discusses sexuality and marriage in physically disabled persons. Sex education and counseling programs in Holland, England, Sweden, and Denmark are presented.


This study examined the hypothesis that sexual functioning is a crucial aspect in the development of psychological adjustment in paraplegics. Based on other research, it was felt that the chronically physically handicapped who retain their sexual potency after their injury differ significantly from those who are impotent. Twenty paraplegics who had retained some measure of sexual functioning were matched to twenty who had no sexual functioning. All were randomly selected. Each person was given two tests of perceptual function devised by the author. Results indicated that sexually potent patients have more abil-
ity to perceive and form concepts involving sexual identification. This study also helped to confirm that impotent paraplegic patients reject the notion of the loss of sexuality and express their sex function disability symbolically through feelings of insecurity and helplessness; they are preoccupied with their own bodies and physical complaints and find it difficult to socialize or to engage in vocational training. Sexual functioning seems to be a central factor in the readjustment process of paraplegics.


This study examined the effects of disability on conjugal behavior and role definition in marriage. It was found that disabled persons who were dependent on their spouses spent more time with their spouses and less time with friends and relatives. They were also less likely to be involved in decision making and were more likely to reflect conjugal role flexibility than disabled persons who were not dependent on their spouses.


The need for opportunities for sexual expression and social integration is raised by a group of young persons with cerebral palsy. Other psychosocial aspects of this condition are presented.


Various demographic variables related to the impact of physical disability on the maintenance of intact marriages were examined by comparing a group of disabled persons who remained married with a group who were separated or divorced. Variables studied include sex, race, age, religious affiliation, occupation, level of education, level of earnings, number of children, and place of residence.


The author offers some personal observations on sexuality in physically and mentally disabled persons based on her extensive experience
in working with this population. She asserts that health-care professionals, educators, and the general public should accept the fact that the disabled are sexual persons who should enjoy equal opportunities for sexual development and expression. Professionals need to assist the disabled person in developing sexual identity and to promote social and sexual opportunities and integration. Sex education programs are needed to help disabled persons to understand their sexuality and to express it meaningfully.


In this article, the author, a recreation specialist, presents her observations and concepts regarding social relationships, interpersonal interaction, and sexuality in severely disabled adults participating in a United Cerebral Palsy Association recreational program. An attempt is made to explain these concepts from a developmental point of view which shows that handicapped children "become further handicapped because they don’t have the same opportunity for self-assertion and self-determination and the opportunity to gradually grow away from their families." This may limit their ability for satisfying interpersonal and sexual relationships in their adult life. Given the fact that the disabled person still has sexual and interpersonal interaction needs, there are four areas where assistance is needed: (1) improving the attitude of the public and encouraging the public to accept the fact that the disabled person is also a sexual human being; (2) providing knowledge and information about sex to the disabled person to replace ignorance and misconceptions about this subject; (3) promoting opportunities for increased social interaction and sexual experiences for the disabled; and (4) improving the disabled person's ability to establish meaningful personal relationships.


This book is an account of the Nordic Symposium on Sexual and Allied Problems Among the Orthopedically Handicapped, held in Stockholm, Sweden, in 1969. Among the topics discussed in this book are sex education for handicapped pupils, sexual needs of the handicapped, sexual functioning and fertility in orthopedically disabled males, sexual functioning and pregnancy in orthopedically disabled females, and contraceptive methods.

The orthopedically handicapped person has special needs for sex education both at home and in institutional environments. This chapter discusses these special needs in light of the person's psychosocial and sexual development. The parents' role in the sex education and development of their handicapped child is also identified and discussed. The author concludes that there is a need to promote understanding on the part of parents and health-care staff for sexual behavior and special needs of the handicapped child, and to enhance acceptance of the handicapped child as a sexual human being. Also needed are increased opportunities for better social interaction and integration for the handicapped.


Results of a study conducted in Swedish schools showed that, compared to the nonhandicapped, orthopedically disabled pupils had a lower level of sexual knowledge. The author makes various suggestions to improve this situation. There is a need to facilitate a positive attitude toward sexuality among teaching and nursing staff and to increase their knowledge concerning sex and sexuality. The need for sensitivity training and sex counseling for handicapped students is identified, and some steps in promoting sexual knowledge are outlined and discussed.


The author stresses that "ignorance among many categories of staff as to the needs of the orthopedically handicapped and their ability to function sexually has unnecessarily restricted the chances of achieving a harmonic sexual life." The handicapped person's sexual needs are not different from those of the able-bodied. The handicapped person needs an equal opportunity to express his or her sexuality. The author discusses ways to promote the recognition of the sexual needs of the
handicapped person. Factual information should be provided so that the individual can assume responsibility for his or her sexual life, obtain knowledge about how to function sexually despite the disability, and acquire greater opportunities for social contacts and integration.


Sexual functioning and fertility in male paraplegic patients are discussed in light of research and clinical findings. The need for sexual adjustment, its importance, and measures to promote its achievement by the handicapped are identified and discussed.


Sexual functioning and pregnancy in orthopedically handicapped women are discussed in this chapter. Some suggestions for increasing sexual satisfaction are also presented. The author notes that the disabled woman has fewer sexual difficulties than does the disabled man. According to the author, this is due primarily to the more passive role that women usually assume in sexual intercourse, compared to the more active and physically involving role of men.


This is an editorial review of a report that was written by Ann Shearer for England’s National Association for Mental Health. The report presents the findings of a study examining attitudes, both in institutions and in the general public, toward the handicapped person’s sexual needs and emotions. Myths and misconceptions were found in both samples. This article reviews and comments on the results of this study in light of current needs for improvement of society’s attitudes toward the disabled person and for the promotion of normative sexual life and social integration for the disabled person.


Sexuality as it relates to physical disability in both male and female patients is discussed in light of numerous case studies.

Sexual function of the physically disabled woman is discussed in light of old and new perceptions and attitudes relating to feminine sexuality. Specific considerations affecting the sexual expression and function of the disabled woman are presented. These are: (1) "logistical" problems, such as sensory and motor changes, pain, spasticity, and urinary and bowel problems; (2) the need for greater verbal communication in order that the disabled woman may express her sexual desires and communicate to her partner the activities and positions she finds most pleasurable; (3) the need for the disabled woman to plan and prepare for sexual activity more than does the able-bodied woman; and (4) the creation of appropriate social encounters and opportunities that may lead to sexual expression.


This was a questionnaire study of patients discharged from a medical rehabilitation service regarding their sexual adjustment (n = 55). Disabling conditions and illnesses included were emphysema, arthritis, stroke, and amputation. Seventy-eight percent of the subjects reported a decline in the frequency of sexual intercourse following disability. Many subjects indicated they would like to have sex counseling and advice. Other results are discussed and conclusions are presented. The authors point to the need for further investigation of specific disabilities and their psychosexual aspects.


The impact of physical disability on sexuality is discussed in light of the importance of sex education for handicapped persons. Sex education can alleviate concerns and teach needed social skills.


Five hundred and twenty-five references dealing with psychosocial and sexual aspects of various disabling conditions are listed in this booklet. Subject headings include: sex education, drug addiction, amputation, burns, spinal-cord injury, urogenital disorders, neoplasia, the
aged, endocrine disorders, ostomy patients, cystic fibrosis, the mentally retarded, and other disabling conditions.


This special issue of *SIECUS* includes the following articles: (1) the handicapped and sexual health; (2) sexuality and the handicapped; (3) a sex education program for the visually impaired in a residential school; and (4) sex education for the deaf adolescent. Also presented in this publication is a thorough review of audio-visual and written materials on sexuality, sex education with special groups, sex counseling, and sex and the disabled. Finally, a selective annotated bibliography on sex and the handicapped is included.


Contrary to common myth, the physically disabled individual, like the able-bodied person, is a sexual being. Studies show that sexual adjustment is indeed at the core of the disabled person's total psychosocial adjustment and rehabilitation processes. However, despite the importance of sexuality, the disabled person is not receiving adequate sex counseling and advice from the health-care professional. The disabled person's anxieties and concerns about sexuality are compounded by the rehabilitation worker's reluctance and lack of training and expertise in dealing effectively with this issue. The main objective of this project was to fill the gap in needed training in rehabilitation by developing a curriculum in human sexuality within the context of concepts of normalization and social integration. This is a timely and important project since current trends and emphases in rehabilitation are toward the normalization of the disabled person. Currently there is a surprising lack of such a curriculum in rehabilitation psychology training.


This report is based on a study conducted in England to examine attitudes toward the sexual and emotional needs of handicapped persons. The results of this study reflect not only the frustrations and difficulties of the handicapped, but also the shortcomings, ambivalence, and misconceptions of the professional staff of institutions regarding
normative sexual needs of the handicapped. It was found that professional staff have reinforced the stereotyped reaction to disabled persons by denying them knowledge about their sexuality and by denying them the means of expressing their needs. The public in general is disturbed at the idea that the disabled person has the same sexual feelings, desires, and needs as does the rest of the population. The impact of these negative attitudes on the development of the disabled person is further discussed.


The impact of various disabling conditions on sexuality is discussed. Disabilities presented include stroke, cardiac disease, spinal-cord injury, pulmonary disease, arthritis, and alcoholism.


Interviews with 36 disabled women and their husbands were conducted to examine the effects of a wife’s long-term disability on the marital relationship. The focus was on the disabled woman’s needs and their satisfaction and her satisfaction with marriage. A high correlation was found between the husband’s need satisfaction and his satisfaction with marriage. A high correlation was also found between satisfaction with sex and general marriage satisfaction, suggesting that the greater the disabled woman’s sexual satisfaction the greater will be her marriage satisfaction in general. Only one woman in the study sample was not participating in sexual activities because of her disabling condition.


Functions and activities of the Dutch Society for Sexual Reform as they relate to assisting the disabled person to attain sexual adjustment were discussed in this presentation.


Physical problems, the prospects, difficulties, and possibilities of marriage, and some of the behavior problems relating to sex life for
the handicapped are the topics discussed in this article. Erection through local stimulation only is reported to be possible for 46 percent of male paraplegics, and through psychic and local stimulation for an additional 20 percent. Diseases of the hips and pelvis, while rarely interfering with sexual activity in males, may cause practical difficulties with females, particularly in that the course of pregnancy and labor becomes complicated. The author feels that the most important ingredient for successful sexual experiences is a spouse who is mature enough to be as helpful as necessary, and reassuring and encouraging as well.


Based on personal experience and on interviews and observations made with persons with various severe disabling conditions, the authors present the psychosocial and sexual implications of these disabilities. The role of the practicing nurse in providing primary and secondary sex counseling for disabled persons is discussed and practical suggestions for effective approaches to counseling patients regarding sexuality are presented.


Of special interest in this book is a chapter discussing sexual and social developments and difficulties in disabled children and adults. Topics covered include childhood sex-play, body changes, marriage and sexuality in the spinal-cord-injured person, and other related issues.


This article presents the results of a study examining sexual problems encountered by physically disabled persons and some implications for sexual counseling and advice. It was found that sexual problems could be broken down into the following broad categories: those of sexual potency and capacity; those of physical comfort; those of physical safety; problems of paralysis; psychoemotional difficulties affecting sexuality; and problems in establishing social and sexual relationships.


The interrelationships between problems of physical disability and marital difficulties are discussed within the framework of marriage
Sex and the Disabled

Sex and the Disabled

Sex dynamics and family interaction. Sexuality is one area of possible conflict and difficulty for the disabled person and his spouse. Rehabilitation counselors need to allow the disabled person to talk freely and openly about sexual and marital problems, and assist him in achieving sexual adjustment. Results of a study on sexuality following spinal-cord injury are presented, indicating that 56 percent of the subjects had experienced complete sexual intercourse since their injury. All subjects had engaged in some petting and lovemaking since their injury. The authors indicate that, based on other studies they examined, somewhere between 52 percent and 75 percent of spinal-cord-injured persons can achieve a satisfactory sexual adjustment.


Problems relating to marriage and sexual relations in handicapped people and to adequate preparation of the handicapped for marriage are discussed in this article.


This book is aimed at the physically disabled woman, and attempts to foster her sexual adjustment. Sections on body image, relationships with sex partners, and relationships with parents and self are presented. Also included is a discussion on contraceptive methods.


The author discusses and makes a distinction between sex, sex acts, and sexuality in light of the sexual needs and function of the physically disabled person. She concludes that a disability does not eliminate sexual feelings and needs.

Trippe, M. J., and Mathey, J. P. Helping special people be sexual people: First us, then them. Paper read at the Thirteenth World Congress of Rehabilitation International, Tel Aviv, Israel, June 13–18, 1976.

The authors describe a program aimed at facilitating sexual adjustment in physically disabled persons.
General


The author presents a continuing education program aimed at improving the effectiveness of health-care practitioners in dealing with the sexual concerns and difficulties of physically disabled persons and chronically ill patients. The program involves group activities and role-playing techniques.


Concerns of physically disabled adolescents about sexual functioning and fertility are discussed, and some suggestions for better treatment of these subjects by health-care practitioners are made.