Human sexuality in physical and mental illnesses and disabilities

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Chapter Five

Muscular and Joint Pain

Arthritis / Low-Back Syndrome

The hypothesis of suppressed hostility as a factor in rheumatoid arthritis was supported by the finding that these patients are more liable to divorce, but hold on to an unsuccessful marriage longer than persons free of the disease.


Among the problem areas discussed in this article are the sexual aspects of arthritis, and the management of this disease and its implications through behavioral methods.


There is evidence to suggest that sexual interest and activity continue to remain important for arthritic patients, even for those with severe movement impairment. This article presents a step-by-step guide to counseling patients for sexual adjustment. The author stresses the importance of providing patients with basic information about the disease and about the anatomy and physiology of sexual functioning. This can prevent unnecessary apprehension and fears.


The adverse effects which arthritis often has upon sexual functioning and activity are discussed. The basic problem from which other
difficulties may stem is the limitation and the pain that the disability produces in the physical expression of sex. Arthritis of the hip is the disability most likely to affect sexual activity. Counseling and treatment aspects in dealing with sexual difficulties of arthritic patients are also discussed.


The adverse effects of arthritis and its treatment on sexual function are more common and more severe than is generally recognized, since any condition leading to joint dysfunction, with resulting stiffness, fixation, pain, or instability of one or more joints, may reduce the ability of a patient to pursue unimpeded the conventional expression of sexual feeling. Many of the problems experienced by arthritic patients could be alleviated by a greater willingness on their part to use less conventional modes of sexual expression, and by adequate counseling and medical and surgical treatment from those who give care. The need for a greater appreciation of the disability and the various types of joint dysfunction is stressed, so that an increased readiness to inquire for possible difficulties may lead to the realization of their presence and their implications. An account is given of an attempt to solve the domestic and sexual problems of seriously disabled arthritic patients attending Mary Marlborough Lodge, a Disabled Living Unit within the Muffield Orthopaedic Centre complex in Oxford.


This study examines the marital status of persons with rheumatoid arthritis. Subjects were 102 male and 282 female patients. The marital status of these subjects was compared with that of matched healthy controls. No significant differences were found.


Among a variety of topics presented in this article, the author discusses sexual aspects and the need for sex counseling with rheumatoid arthritis patients.

Divorce statistics for rheumatoid arthritis presented in various studies and sources have shown conflicting results. The major goal of this study was to examine the marital history of 100 rheumatoid arthritis patients in comparison with 100 subjects of similar biographical characteristics but having other types of rheumatic disorders. Marital status was analyzed as an indicator of psychopersonal adjustment in patients. Results attest to a significantly greater than expected number of divorced rheumatoid arthritis female patients compared to subjects with other rheumatic disorders. Educational achievement discrepancy between spouses was significantly greater in marriages that terminated in divorce among patients with rheumatoid arthritis than in the control group.


This article deals with problems in sexual function for people with severe conditions of arthritis of the hip, which includes pain. The purpose of the study was to find the influence on sexual function of surgery to replace the hip. The subjects were selected from 292 patients who had undergone this particular hip replacement. Only 123 patients (49 men and 74 women), who had active sexual relationships at the time of the onset of hip problems, were used in the study. To obtain information, personal interviews were conducted and written questionnaires were provided for those who were unable to attend an interview. Of those interviewed, 11 men (22 percent) and 36 women (49 percent) had experienced severe sexual problems which they attributed to the pain of their hip disease. Following hip replacement, only 6 men (12 percent) and 19 women (26 percent) continued to have severe problems. Although the number of people studied was too few to come to any definite conclusions, the study does show that surgery was effective in relieving problems in nearly half of those who had had sexual difficulties due to pain. In some cases, although the surgery was somewhat successful in restoring sexual function, the patients did continue to have some pain. The authors advocate the use of this surgical procedure. They suggest that it be done early before sexual relationships deteriorate or stop.
Low-Back Syndrome


In this letter to the editor, the authors report on their clinical findings relating to impotence in lumbar disk disease. They indicate that the cause for impotence is organic and not psychologic. Impotence was found to be a presenting complaint in patients with occult lumbar disease, and can be completely relieved following surgical correction of the herniated disk.


Sex during acute and chronic back pain, and the role of the physician in assisting the patient to arrive at sexual adjustment, are the topics discussed in this brief communication.


Sex-related psychopersonal problems are frequent causes of back pain in both males and females. Sexual maladjustment and dysfunction can cause tension, often followed by pain in the affected muscles. Pregnancy and endocrine dysfunction and deficiency are other causes of back pain. The author evaluates these factors and discusses the management of pain, as well as its relation to sexuality. The author's presentation is followed by commentaries by two medical authorities.


The purpose of this study was to examine the patient's social, psychological, and vocational status and organic factors in low back disability patients (n=43) as a means of identifying those elements playing a significant role in sexual impotence. The sample consisted of 16 potent and 27 impotent male patients. Incidence of impotence was related to the onset of low-back pain. A detailed clinical history was obtained from each patient, including psychological testing and family
interviews. A comparison between the two groups shows that the majority of statistically significant differences were those of a social and emotional nature, such as a working wife with patient managing the home, patient being the first-born or only child, and showing over-concern with physical symptoms. A high correlation between predicted vocational success and the presence or absence of impotence was also found; the impotent patient was more likely to be unsuccessful in vocational adjustment.


Sexual function and behavior in patients with neck, back, and radicular pain is discussed in light of numerous case studies.