

# **PRINCIPLES OF CAREGIVING: AGING AND PHYSICAL DISABILITIES**

## **CHAPTER 6 – SEXUALITY AND DISABILITY**

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**OBJECTIVES**

1. Describe sexuality issues related to aging and physical disabilities.

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**KEY TERMS**

Commitment

Sexuality

Erectile dysfunction

Social policy

Impotence

Value-laden

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## A. BASIC PRINCIPLES

A person's sexuality involves the total sense of self as male or female, man or woman, as well as perceptions of what it is for others to be female or male. It includes attitudes about one's body and others' bodies. Sexuality is emotional, physical, cognitive, value-laden, and spiritual.



A distinction should be made at the outset between sex and sexuality. Sex refers to the physical act of making love, to genital expression. Sex is, in fact, only a small part of sexuality. Sexuality is an integrated, individualized, unique expression of self.

- **Sexuality is emotional.** With the coming of puberty, boys and girls experience new awareness of their bodies, other persons, and related emotions. Throughout life, sexuality deals with one's feeling about self and others, pain and pleasure, love and hate, physical touching or restraint.
- **Sexuality is physical.** It involves touching, physical closeness, and sexual expression. All five senses are involved, touch, smell, taste, visual and hearing.
- **Sexuality is cognitive.** Mental attitudes, self-understanding, and relationships help express who and what persons are as sexual beings. Language is a key part of our sexuality both in naming parts, physical acts and our own experiences in communication with other people.
- **Sexuality is value-laden.** Words and concepts such as justice, love, norm, should and should not, are ethical in character and are important to the full understanding of sexuality. One's values determine honesty, fidelity, promise-keeping, truth-telling, and the purposes of sexual expression.
- **Sexuality is spiritual.** The sexual act involves mutual giving. There is a voluntary surrender of self to another through which a larger unity is achieved. Elements of commitment, being in touch with another and with oneself are involved in one's sexuality and relationships to others as sexual beings.
- **Sexuality is personal.** Each person is a sexual being on her or his own terms. In that sense, one's sexuality is unique, one of a kind. It is communication that is fun and playful, serious and passionate.
- **Sexuality is social.** This relates to social policy questions such as rape laws, equality of women and men in matters of employment, guidelines for genetic research, and abortion. It affects cultural understandings of socialization as male and female, the role of pornography, and the meanings of marriage and community.

Excerpted from: *Human Sexuality, A Preliminary Study*, The United Church of Christ

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## B. SEXUALITY AND AGING

Aging can have an impact on sexuality and sexual functioning. As with other organs, the reproductive and sexual organs lose efficiency. Women usually begin to have vaginal dryness, and often males have difficulty with erectile dysfunction. We don't discuss sexuality enough when considering the lives of older adults. It's easy to assume that aging brings dramatic changes and that sexuality is not a topic that concerns older adults to any great degree. Sometimes, however, events bring about a dramatic shift in awareness and understanding. The boom in Viagra prescriptions is an example of such an event.



There is much information on the Internet regarding sexuality and aging, sexuality and dementia, sexuality and Alzheimer's disease, etc. Many articles about aging and human sexuality can be found on the American Psychology Association's web site, at [www.apa.org](http://www.apa.org).

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## C. SEXUALITY AND DISABILITIES

Disability can have an impact on sexuality and sexual functioning. Major types of disabilities and typical sexuality issues for those disabilities are described below. For detailed information about how a disability may affect sexual functioning consult a physician or other resource professionals.

### Amputation

Amputation does not affect sexual organ function unless the amputation involves the bowel or bladder. Amputations do not affect or lower the desire of sexual activity. Loss of a limb may cause depression or lower self-esteem. Talking to a counselor, friend, or other professional can help eliminate these problems. Amputation will limit some of the physical activities that may give your partner pleasure. Open communication with your partner is the key to removing any stigma surrounding your amputation.

### Arthritis

Arthritis does not affect sexual organ function but can impose limitations on physical activity. Pain and stiffness are the biggest factors that can interfere with an active sex life. Pain can dull the desire for sexual activity and limit the positions you can use in sexual acts. Fatigue from dealing with activities of daily living may also decrease your sexual desire. Stiffness can restrict movement and affect use of limbs. Experimentation with positions, the timing of medication and the timing of sexual activity can be worked out so that sexual activity is possible and pleasurable. In addition, the use of heat and warm-up exercises can be helpful.

Like amputation, arthritis can cause depression and lower self-esteem. Medications can affect sexual desire. Other disabilities associated with arthritis may also be an issue for the person who wants to be active.

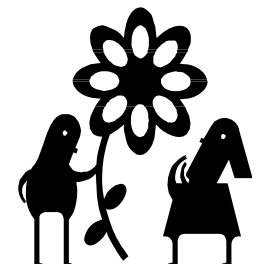
Counseling may also be appropriate. A positive note on arthritis and sexuality is that many people with arthritis report sexual activity actually relieves pain up to eight hours after intercourse.

### **Blindness**

Blindness does not create any problems with sexual functioning. Some of the disabilities which lead to blindness can cause other problems related to sexual functioning. For example, diabetes can cause blindness and also is known to cause impotence in some men. Congenital blindness will cause a woman to start her cycle earlier and she may have more irregularities. This happens because the pineal gland located in the brain regulates a woman's period and is affected by lack of light.

### **Cerebral palsy**

Cerebral palsy does not cause loss of sexual functioning or loss of desire for sexual activity. Physical problems such as sensory loss and limited movements due to spasticity can be a problem. Medication may be helpful. Communication between partners is important when dealing with physical barriers. In many cases, people with cerebral palsy are socialized together and may develop relationships with each other. If this happens, education and counseling of all persons concerned (guardians need to be included if the partners have legal guardians) can be helpful to the two people desiring a sexual relationship. The biggest obstacle to sexuality with a non-disabled person is the attitudes imposed by society. These act as barriers to socially isolate the person who has cerebral palsy, making communication and sexual activity more difficult.



### **Deafness**

Deafness creates no problem with sexual functioning. However, since the act of giving and receiving pleasure involves communication, the couple will need to work out a system for expressing needs and desires. One might also consider leaving a light on or using candles to enhance visual communication and to fully appreciate your partner's response.

### **Diabetes**

It is not always thought of as a disability, yet diabetes is currently the leading cause of permanent physical impairments in the United States today. Between 25 to 49 percent of males with diabetes develop impotence. There has been no correlation between diet, duration of diabetes or types of medication to control diabetes and the increase of impotence.

There also has been no demonstrated loss of interest in sexual activity among the diabetic population. Regardless of the reasons for the possible impotence, the person with diabetes may want to consider a penile prosthetic to increase sexual activity.

## **Epilepsy**

Epilepsy is a disorder occurring within the brain that causes some type of altered consciousness, which may be accompanied by uncontrollable physical movements or seizures. Men with temporal lobe epilepsy have experienced impotence and loss of sexual desire but not necessarily at the same time. Some medications used to control epileptic seizures may cause depression or drowsiness, which may lower sexual desire, but these drugs do not cause loss of sexual functioning.

Sexual activity does not cause seizures. Activities sometimes associated with sexual activity such as excessive drinking, emotional tension, fatigue or lack of sleep and food may contribute to setting off seizure activity. Careful monitoring of activity, diet and rest may help keep epilepsy under control.

Like cerebral palsy, epilepsy carries a negative social stigma, which is sometimes the biggest obstacle to enjoying sexual activity. Although major educational campaigns are underway, the person with epilepsy still must take the lead to make potential sexual partners understand that epilepsy does not interfere with sexual functioning, love, or marriage.

## **Developmental disabilities**

Developmental disabilities do not affect sexual functioning or desires. Most of the problems experienced by people who are developmentally disabled relate to the attitudes of non-disabled members of the general public. In the case of legal guardianship, all persons involved may find it helpful to meet with counselors or other professionals. Education about human sexuality is important for mentally disabled persons and all others concerned with them. Education and communication will be necessary to work things out for both partners.

## **Head injury**

Head injuries can cause a variety of physical and emotional problems. These problems may be significant depending upon how much and what parts of the brain were damaged. No two head injuries are alike. Physically, there is no impairment in the sexual organs. The problems with sexual function stem from other physical issues such as loss of spatial awareness (where the body is in space), loss of sense of rhythm and timing, loss of movement on one side of the body, or loss of sensation, which can limit sexual pleasure. Communication between partners is the key to working out these physical issues.

If a person who has a head injury also experiences emotional disorders, his or her ability to process information may be limited depending upon the severity of these disorders. The person may show poor judgment, irrational thinking and be very impulsive. The limbic system located in the brain stem is thought to control emotions and sexual urges. If the head injury includes damage to the limbic system, emotional problems and uncontrollable sexual urges may result. Education about the disorder can help, but frequently behavior modification programs and counseling are necessary.

## Spinal cord injury

A spinal cord injury (SCI) does affect sexual functioning or desires. An SCI can affect virtually every system of the human body. Many people who sustain an SCI have concerns about how their injuries have affected their ability to participate in and enjoy a sexual relationship. Sexual function is controlled by parts of the central nervous system (CNS), particularly the brain and spinal cord. Interruptions to the CNS through injury to the spinal cord will therefore have some effect on sexual function. The extent of sexual function impairment depends on a variety of factors including the level of injury, the severity of damage to the spinal cord, and whether the individual is male or female.

- **Female sexual function after an SCI:** A female’s ability to engage in sexual activity is less likely to be affected by an SCI because of the way the female body is constructed. A woman is often able to have intercourse as easily after the SCI as before, although additional lubrication may be needed to avoid chafing and to make the act of intercourse easier to initiate. Alternative positioning of one’s body may have to be considered as well.
- **Male sexual function after an SCI:** For males, the situation of sexual functioning is a little more complicated. Some men are able to achieve erections quite easily, while others can achieve erections occasionally and some are unable to achieve erections at all after an SCI.
- **Sexual sensation after an SCI:** As with other basic physiological functions after an SCI, sexual sensations can also be altered. Some of the nerves that once provided pleasurable feelings in sexual organs and other erotic areas of the body may no longer be working as they did before injury. Some people retain specific sexual sensations in the genital areas, while others notice they are diminished or absent. Many have reported heightened sensations in different parts of the body—the neck, earlobes, arms or other areas of skin.

Many people who have sustained an SCI have indicated that their total enjoyment of the sexual experience after the SCI is as good as, if not better than, their pre-injury sexual experiences. Necessity in many cases encourages them to concentrate on holistic sexual experiences rather than on genital-specific sex. Many individuals report that they can still achieve climax but not in the same way as before their injury. Again, the best way to discover personal likes, dislikes, and needs is exploring openly with a willing and loving partner.

SCI and Sexuality was adapted from: SCI Network Fact Sheet 4, “Sexuality After SCI”  
<http://spinalcordinjury.net/docs/scifact4.html>