Kaija Karkaus-Rikberg

23. The Sexual Health of Disabled Persons

The starting point in discussing the sexuality of disabled persons should be the fact that the sexuality of disabled and healthy people has more similarities than differences. All human beings have the same sexual needs, rights and problems; disabled people have additionally some disability that influences their lives and activities in one way or another. Sexuality is a basic need of every human being, and this need includes feelings of tenderness, sensuality, belonging, contact, warmth, closeness, physical satisfaction, openness and safety.

Sexuality involves feelings, sexual activities and, additionally, possible impediments for experiencing sexuality. Common impediments are beliefs and thoughts, which include myths, prejudices, attitudes, taboos and stereotypes. Disability is connected with functional obstacles or limitations caused by the mental, anatomical or physiological deviance or handicap of the disabled person. The myths and attitudes connected with sexuality and disability form a kind of double sensitivity, because both sexuality and disability arouse many kinds of feelings and thoughts in the disabled person, in his/her closest family and friends, and in those working with him/her. When someone becomes disabled or the parent of a disabled child, he/she is faced with many sensitive issues caused by interactions of both positive and negative beliefs of the disabled person, relatives of the disabled person, and others with whom they come in contact. Correct information is needed by both by the disabled and non-disabled, in order to change attitudes to a more positive direction toward both disability and sexuality.
A disabled person should have the same sexual rights as other people. The energetic defender of the rights of disabled persons in Finland and disabled himself, Kalle Könkkölä, defined disability and sexuality in the following way: "The human being is a sexual being and a disabled person is a human being, therefore a disabled person is a sexual being". Martti Lindqvist, a leading Finnish ethicist and a doctor of theology, writes in his book *The Human Being as a Profession*: "A disabled person is a human being with a unique life of his/her own. His/her boundaries are externally different from those of the majority but he/she is a whole human being. He or she cannot be separated from his/her disability".

The relationship between disability and sexuality is crystallised in the principle of the National Association of the Disabled in Finland: "Every disabled person is personally responsible for his or her own life". A disabled person also makes decisions about his/her own sexuality and sexual needs. The human being is not a machine which can change its functioning and characteristic nature with the help of a new part. The sexuality of disabled people is not realised simply by changing positions or using physical props.

Sexuality is part of a human being and the totality of his or her life. Understanding sexuality always requires personal experience and understanding. Without knowing and accepting one's own sexuality one can not accept the sexuality of other people.

Who Are Disabled?

The United Nations Declaration of the Rights of Disabled Persons (1975) states: "The term 'disabled' means any person who is not able to completely or even partially satisfy the needs associated with normal individual and/or societal life because of the lack of either inborn or other physical or mental properties". Guidelines for the equality of disabled persons were accepted by the United Nations in 1993. The guidelines define, in addition to other rights, the right to family life and personal integrity. According to the guidelines a disabled person has the right to establish a family, the right to sexuality and the right to experience parenthood. A disabled person has the right to choose his or her lifestyle and way of living whether he or she lives in his/her own home or in an institution.

The 1987 Finnish law on services and support activities for disabled people defines a disabled person as someone who has long-term special difficulties to cope with conventional activities of life. Disabled does not mean ill, because in an illness the defence mechanisms of the body are activated and start a fight for a balance. An illness does not necessarily limit the performance of normal tasks and various treatments are available for illnesses. An illness may, however, lead to a disability. Disability is a permanent anatomical or physiological deviance or defect. The defence mechanisms of the body are not able to correct a disability. Various functional impediments or limitations are connected with disability and living with it is supported by physical and mental rehabilitation.

Various groups of disabled people are:

- intellectually disabled persons whom the law defines as persons whose development or mental activity is hindered or disturbed because of an inborn illness, defect or disability or one obtained at a later age; the most significant group of disabilities are the developmental disturbances of the nervous system (especially the brain), which are called intellectual disability
- persons with disabilities of movement, whose disabilities may be either inborn (such as cerebral palsy), caused by an accident (for instance, defects of the spinal cord), or caused by an illness (such as polio)
- persons with disabilities of the senses (hearing and sight impaired)
- persons disabled because of illnesses or their complications (different forms of reumatism, diabetes, heart disease, cancer, multiple sclerosis and other diseases of the central nervous system, lung diseases, surgical removal of organs or parts of the body)
- mentally ill persons

Development of the Acknowledgement of the Sexuality of Disabled People in Finland

Discussion about the sexuality of disabled people began in Finland in the 1970s. The Finnish Association for Sexual Policy (SEXPO) drew attention to sexual rights of various minorities in addition to sexual rights of the general population. The most important goal of this organisation was to remove obstacles preventing the realisation of sexual rights in society and provide every Finn a possibility to enjoy a happy sex life.

Sex counselling for disabled persons was apparently given for the first time in the summer of 1973, when SEXPO's experts lectured to young people with cerebral palsy (CP) in the adjustment training courses organised by the Finnish CP Association. The courses dealt with growing up, becoming independent, and problems associated with sexuality. The young people attending these courses considered discussing the subject of sexuality important and demanded that society begin to support research and problem solving activities for people with disabilities.

Sex counselling for disabled people started to be developed by a working group founded in 1975 at the joint initiative of The Association of Psychologists in Health Care and SEXPO. The working group got acquainted with international literature on this topic and disabled people themselves were asked for their opinions in rehabilitation and discussion events organised for the disabled. The need for counselling was apparent and in the autumn of 1976 The National Association of Disabled People in Finland provided the funds for publishing a sex guidebook for people with disabilities. This guidebook *Disability and Sex Life* was published in 1978 and it was the first such guidebook in Finland to be distributed to experts, disabled persons themselves and their closest relatives.

The development of sex counselling has received a lot of support and information from Sweden, where an institute has worked for years to provide services to benefit the sexuality of the disabled. At the same time a general discussion took place in Finland about the principles to be applied to help disabled people have a sex life.

In 1980 the Finnish National Board of Health issued guidelines in accordance with the World Health Organisation's recommendations on sex education. According to these guidelines sexual matters should be integrated as part of the total treatment of the disabled, and resources to deal with sexual matters should be developed for caretakers of disabled people. The guidelines especially emphasise the need for sex education and counselling for people with disabilities and long-term illnesses. According to law, sex education should be a part of a municipality's child and family counselling.

Access of Disabled to Sex Counselling

As stated earlier, the sexuality of disabled persons was first considered in the 1970s. At the end of the 1980s the Association for the Mentally Disabled started a research project on the quality of life, part of which dealt with sexuality. The sexuality of the mentally disabled had gradually become accepted, and the Association for the Mentally Disabled jointly with SEXPO trained a large number of people working with the mentally disabled to become sex counsellors.

Organisations for the disabled and for patients, in general, have drawn attention to the importance of including sexual issues as part of providing treatment and defending the interests of the disabled and ill. Nowadays courses and rehabilitation programmes in almost all organisations for disabled people and people with particular long term illnesses include at least one lecture about sexuality and the effect of the disability or illness on sexuality. The Multiples Sclerosis Association has guidebooks, for instance, about the effect of impotence and spasticity on sexuality. The Association of Finnish Heart Patients and The Association of Finnish Cancer Patients have published guidebooks on sex for people with heart diseases and cancer, respectively.

Sexuality is taken into consideration in all stages of rehabilitation in the activities of the National Association for the Disabled. People who have lost their mobility partially or totally receive their first information about the effect of their disability on sexuality at the same time they are informed about how the disability itself produces major life changes. Information is also given to close relatives and friends of the disabled according to their needs. There is always a lecture on sexuality in the adaptation training courses of the National Association of Disabled Persons, and everyone also has the possibility to receive personal counselling. In partnership courses the focus is on the sexuality of the couple. In the adaptation training centre it is possible to get practical advice on learning techniques of masturbation or intercourse.

According to the principles of the National Association of Disabled Persons, every disabled person is responsible for his/her own life and therefore also for his/her sexuality and for putting it into practice. Psychological and physical matters relating to sexuality are discussed, but clients also have the option not to hear information about sexual topics.

Disability is Not an Obstacle to Sexuality

Becoming disabled or having a disabled child are situations that always entail various crises. Life and the future are in a crisis and one has to consider the new life situation from many viewpoints. Every person takes the change in life in a different way.

A person who becomes disabled as an adult needs a lot of strength to cope with the disability and life changes it brings. In this situation it is natural and understandable that

interest in and thinking about sex seems unnecessary for the disabled. On the other hand, sexuality becomes a very important issue for some people, and it raises many questions and causes fears: am I still good for anything, am I good for anyone? Some people need the support of those near and dear to them, and some want to cope with the new situation alone.

Having a disabled child is a crisis for the parents. At first they have to learn about how to cope with the special difficulties of the child and become familiar with the disability the child has. Later questions arise about what kind of youth and adult the child will become. Parents have to reflect not only on everyday matters but also on the future.

A disabled child grows into a disabled teenager. A disabled girl becomes a disabled woman, and a disabled boy becomes a disabled man. A disabled adult becomes a disabled older adult. Development for the disabled takes places gradually, just like human development in general. The parents of a disabled child have to get acquainted with the whole life cycle of the disabled person. There is no way to avoid it at any stage of the child's life. When parents think about the future of their child, questions also arise about the sexual future of the child, falling in love, marriage, and parenthood. If parents get acquainted with the world of disabled adults, then it easier for them to think about the future of their own child.

Development of disabled children into teenagers and adults also requires a great deal of effort from children themselves. Getting to know oneself and achieving independence demands a lot of strength from any teenager. The rebellion associated with the teenage years may be difficult if the disabled child is dependent on the constant help from parents or nurses. Possibilities for a life of one's own and to experiences of one's own are important from the beginning. They provide resources for adulthood, and they teach how to cope with various life circumstances.

The disabled child and teenager should have a possibility to examine her/his own limits and to find her/his own life in spite of the disability. Nevertheless, many children who have been disabled from birth complain that as a child and teenager, they did not have a possibility to test their own limits and look for adventures. Often moving difficulties were due to a lack of devices to help a child move or fear by caretakers that the child would hurt her/himself in her/his surroundings, in testing her/his limits, or even at times in playing rough-and-tumble games with peers.

Myths and Taboos of about Sexuality

When an adult becomes disabled or when a disabled child is born, beliefs and views on sexuality do not change. During past decades and even centuries people have held different beliefs associated with sexuality. These beliefs and taboos can be different in

different cultures but they are present everywhere. Beliefs and taboos also influence all people's attitudes toward their own and other people's sexuality.

Beliefs and taboos are formed gradually without our paying any attention to them. A taboo is something that is rarely spoken about. This silence supports the view that speaking about the taboo is forbidden. Various beliefs often persist even though they may not have any significance for everyone's own life. When they were first accepted, they may have had some practical significance. For instance, belief in bogeys has prevented children from going to the dark forest, and the fear of the lake monster prevented them from swimming in too deep water. Advertisements and other media constantly create new beliefs and taboos. Many myths and taboos promote the power of educators, society and the church to control people.

Beliefs associated with sexuality often originate in an atmosphere of non-verbal communication, and these beliefs are also influenced by the negative or contradictory attitudes of parents, peers and others. Our attitudes toward our own sexuality are most clearly visible in how we react to nudity and accept our own body. One myth associated with sexuality is the view that sex is only meant for young, beautiful and healthy people. The entertainment industry makes us feel that someone needs to have a perfect body in order to enjoy sex. Accepting one's own bodily imperfections is part of accepting one's sexuality.

The effects of beliefs and myths associated with sexuality can be subtle. Examples of myths include: "Sex is dirty. Save it for marriage when it will be clean", "Sex is beautiful but don't talk about it in the presence of children", "A man always has to be ready for sex", "A woman does not love a man if she is not willing to have sex with him", and "Sex is more passionate for the neighbour than for me". Such myths can create pressures and problems. On the other hand, some myths may offer protection. Myths operate in basically the same way for disabled and healthy persons, with the exception that the number of myths is just larger when sexuality and disability are combined. However, there is no such thing as "sex for the disabled".

It is not easy for most people to discover their sexuality and its various forms while at the same time accepting myths and stereotypes about sexual behaviour. Therefore, one must attempt to look behind the myths and stereotypes in order to understand one's sexuality. Getting permission to try various acts that have been considered forbidden is important, because then one can see how the myth operates and how changing the myth can influence experiences and feelings. Every individual has the right to her/his own sexuality and to putting it into practice under her/his own conditions and with her/his own means. Everything accepted by both parties and which does not hurt anyone is permissible and lawful.

Disabled People Also Have Sexual Rights

In the past two decades significant progress has been made in Finland toward granting disabled people their sexual rights. Sexuality is now seen as an integral part of the life and activities of the disabled person. On the other hand, these rights and the realisation of these rights have not been accepted in all places.

The right to get information and guidance

All human beings have the right to get information about the biological and socio-psychological facts related to sexual behaviour. Information should continually be available in different stages of an individual's life cycle. Various problems related to the disability can be obstacles when a disabled person looks for information. For instance, communication problems affect the way a disabled person can receive information: physically disabled persons need their information in a different form than, for instance, deaf and blind persons. Using pictures or relaying information through touch and experience are alternative ways to disseminate information.

Sex education requires permission from the parents, teachers and the nurses of disabled children and teenagers. People who regularly interact with the disabled should be acquainted with and accept their own sexuality. In addition, they should have a broad understanding of the sexuality of people in general. After this, they can formulate ways to provide sex education for each group of disabled people in a way most suitable for them and according to the needs and wishes of the group. A disabled person has to be seen as a whole person and her/his sexual identity should be given a chance to develop.

The right to sexual expression

The sexual expression of a human being develops with the help of imagination through masturbation to sexual play. Disabled people should also have a right to this development and compared to others, this development generally does not require extreme courage or great efforts. Disabled people who get help with everyday activities should also be able to get help in satisfying their sexual needs.

The right to partnership and parenthood

Sexual experiences, a partnership and marriage are also rights of disabled persons. They should have the possibility to form partnerships in spite of, for instance, living in an institution or needing continual care. The rights of disabled persons to have and adopt children should also be guaranteed, because disability is not an obstacle to being a good parent. And becoming disabled is not an obstacle for continuing to be a good parent.

The right to get services from society

Possibilities to get sexual counselling and therapy have gradually increased in Finnish society. These possibilities also apply to disabled persons. This counselling means

particularly that a disabled person can get equipment to aid in sex. In Finland such equipment is provided in accordance with the law on services for disabled people.

Sexual Problems and Their Origin

With respect to sexuality and disability there are five areas which should be considered when determining sexual problems of disabled persons and the origin and background of these problems:

- *The body-image of the disabled person* which emerges when society continually emphasises perfection, youth, beauty and good physical condition
- *Low self-esteem* which may be partly caused by dependence on other people's help
- *Difficulties in decision-making and responsibility* which become apparent in a partnership when one partner becomes disabled. For instance, the issue of having children becomes problematic in a situation where both or one are seriously disabled. The disabled person has the right to have a near and dear person, whose role is not that of a nurse. If the partner becomes mainly a nurse, both the partnership and the sexual relationship suffer.
- *Sexual identity and variations in sex roles.* According to myths and gender stereotypes related to sexuality, a woman or man is expected to behave in a certain way in certain social and sexual contexts. These expectations do not take into account a disability and the limitations it causes. Myths and gender stereotypes do not take into consideration the differences among human beings and do not give possibilities for variation.
- *The extent and character of the sexual experience.* A disabled person may become the object of sexual abuse because of her/his lack of experience or a disabled person may use her/his disability to get sexual satisfaction from friends, companions or nurses.

Assistance, Advice and Support for Sexuality

As Finns have noticed in meeting their colleagues in international conferences and training sessions, the sexual rights of disabled persons have been realised quite well in Finland. The sexuality of disabled persons is considered in many ways. However, special sex education and therapy are not offered to any particular group. People in need of advice or help must find these services themselves. Sex counselling for disabled persons is offered as part of other rehabilitation or treatment.

The PLISSIT scheme (see chapter 10) is commonly used in Finland for sex counselling and therapy. The "P" (for Permission) in this scheme means giving permission or information, and "LI" (for Limited Information) means giving some general advice. The "SS" (for Specific Suggestions) includes giving specific advice, and "IT" (for Intensive Therapy) means providing actual psychotherapy. Giving advice and general

instructions about sexuality are among the services of the primary health care system. The goal is to provide this information in order to prevent problems from arising and becoming worse. If these services are provided, the need for specialised services and sex therapy should decrease.

Giving permission and information requires that the permission giver - the professional meeting the client – is acquainted with and accepts her/his own sexuality and the associated feelings, needs, fantasies, attitudes and norms. Getting acquainted with one's own sexuality is therefore an important part of the sex education for personnel in the teaching, social and welfare fields. The professional needs permission for her/his own sexuality in order to give permission to the client. It is difficult to talk about sexuality if the counsellor her/himself feels anxious or embarrassed. Professional sex counsellors should have feelings toward sexuality that are neutral or positive. Such attitudes make it easier to deal with a client's sexuality and problems related with it in a natural and positive way.

Giving permission means that the counsellor will convey a verbal or non-verbal message assuring the client that feelings related to her/his sexuality are permissible and natural. At the same time a client can get factual information and a possibility to try, for instance, masturbation or sex aids.

The normalisation of matters related to sexuality is also important. It is often sufficient to tell a client that many others have similar problems and questions at some stage of their life. The information also helps to confirm beliefs and to put into perspective expectations associated with sexuality.

Giving special suggestions requires a better knowledge of a client's life situation and problems. Suggestions can be given to reduce performance pressures and direct the disabled person and her/his partner to get acquainted with each other in a new way and according to the demands of the new life situation.

The aim of sex therapy is to solve sexual problems. There are several methods used but currently sex therapy in Finland means the brief therapy method developed by Masters and Johnson, especially intended for the treatment of functional disorders, such as erection problems in men and problems with orgasm in women.

The Effect of the Life Situation on Sexuality

Becoming disabled, growing up disabled, or having and bringing up a disabled child are continually changing life situations. Many aspects of life situations influence how a disabled person and how the partner of a disabled person experience sexuality and are able to realise their own sexuality.

Social expectations of those in the surroundings of a disabled person strongly affect the realisation of sexuality by either limiting or supporting it. The situations are quite different in private homes, apartments where services are regularly provided, and institutions. Where a disabled person lives influences the type and number of contacts of a disabled person and whether he or she has the possibility to interact with his/her partner in intimate ways. Possibilities for travel also influence the quantity and quality of the contacts. Long and inconvenient distances can, at worst, prevent the formation and maintenance of new contacts. Even one's income level has an impact on realising one's sexuality and, for instance, obtaining sexual services.

The attitudes of society and the immediate surroundings do not support romances of disabled persons and the realisation of their sexuality. They usually reflect the narrow view of sexuality, for instance, that the only proper sexuality is a heterosexual relationship with simultaneous orgasm in vaginal intercourse. This view allows almost no individuality or variation of sexual expression. For some, it is enough to hold hands and to touch a partner in various ways to get adequate satisfaction; others want and need daily intercourse.

Sexuality is experiencing and feeling, which are not hindered even by a serious physical disability. A disability does not lead to difficulties that make it impossible for disabled people to enjoy their sexuality. The disability is always personal, and each person needs to understand what effects it has on sexuality and sex life. The disability may cause problems, but many of these problems have practical and technical solutions.

Disabled people do not have greater or more frequent mental problems than others. All people experience crises and problems associated with human relationships, sexuality and changing life situations. A disability or illness can, however, emphasise these problems. On the other hand, a satisfying sex life can also solve other problems and reduce psychological stress.

Importance of Asking, Getting Answers and Understanding

Asking questions about sexuality can easily solve many problems that concern a disabled person or those closest to him/her. Possibilities of asking these questions depend on how aware the personnel working with disabled persons are of the importance of sexuality.

Difficulties in communication are the biggest problem in asking the questions and obtaining the answers. In talking about sexuality it is important that all parties are using the same language, i.e., that the meanings of the words used are the same. The meaning of words and terms should be explained and checked because Latin-based names, for instance, for the genitals or intercourse may not be understood. Answers should always be given in a language the client can understand. Drawings, pictures and other aids can

be used to make sure that the message is understood. It is always advisable, however, to check that a term or concept has been correctly understood. Distorted information is more likely to make a situation worse than to improve it.

Those who work with disabled people first encounter *direct* questions, which are usually the following:

- How does my disability affect my masculinity/femininity?
- What part of my body has been damaged and how does/will it affect me (bone structure, muscular structure, blood circulation, nervous system, brain functioning, hormonal functioning)?
- Can I be operated on or can I get medical treatment to correct the damage?
- How does the disability affect my sexual arousal?
- Can I have an erection?
- Can I have an ejaculation?
- Can I get an orgasm?
- Can I menstruate?
- Can I fertilise a woman / become pregnant and give birth to a child?

All disabled people should get answers to these questions. The most natural person to give the answers is the treating physician, but other health care personnel and persons working with disabled persons should also be prepared to answer these questions. The situations in which these questions emerge can be unexpected. Asking these questions and understanding the answers depends very much on the particular disabled individual.

Indirect questions often emerge gradually and in different treatment and rehabilitation situations. Asking them presupposes a trusting relationship and confidence that these matters are considered appropriate to discuss. Myths can be an obstacle to asking crucial questions. Obtaining answers to some questions can greatly influence solutions to sexual problems and affect the future of a disabled person's sexuality. These questions can be dealt with in discussion groups where they can remain on a general level or where participants can exchange experiences. The following are common *indirect* questions:

- Can I have sexual intercourse?
- Can intercourse create problems or cause difficulties, for instance make the disability worse?
- Are technical aids and equipment (for instance stoma sacs) obstacles to intercourse?
- What kind of positions and technical aids can I try?
- How do others with similar disabilities act?

Unexpressed questions are those which are difficult to ask. They touch most closely one's own personality and cause fears and doubts about oneself and one's possibilities.

It is often easiest to discuss these questions with, for instance, a psychologist if other qualified people are not available. The following are silent questions:

- Does anyone care about me? Can I find a partner?
- Can anyone consider me attractive?
- How do others experience my disability?
- Am I good enough for my partner? Will our relationship continue? How will it change?
- How can I satisfy myself, my partner?
- How does my disability affect our life together – physically and mentally?
- How much importance does sexuality have in our life together?

Different Disabilities Have Different Consequences and Solutions

The problems related to sexuality, love and partnership that disabled people have are similar to those of other people. Difficulties and fears in forming friendships and love relationships for disabled people are very similar to those for people without any visible disability. In the background there are often problems of self-esteem and fears of not being attractive enough or of being somehow unfit because of the disability.

No disability in itself is an impediment to sexuality and enjoying sex. No disability presents challenges so great that all sexual expression is impossible. Each person just has to find his or her personal way of enjoying sexuality. Disabled people should be advised to talk with an expert (for instance a sex counsellor, sex therapist or physician) to get the information and permission necessary for them to have a sex life.

It is most important when discussing the sexuality of disabled people, that the disabled person become acquainted with her/his own body and its reactions in various circumstances. Becoming disabled causes changes which are very important to identify and accept. Learning masturbation is part of getting to know one's own body and various forms of pleasure and orgasm. After becoming disabled it is important to learn that there is no single way to enjoy sexuality that is the only proper one. Intercourse and orgasm are not even necessary if mutual interaction otherwise is enjoyable and brings satisfaction.

Each disability is unique and the solutions for each disability are also unique. For instance in paraplegia (paralysis of the lower limbs) or in tetraplegia (paralysis of all limbs) the effects of the disability on sexual functioning depend on the location and severity of the disability and vary from total impotence to a lack of symptoms. A reflexive erection in men often remains intact. In some cases there is an inability to ejaculate or a reduced tactile sensitivity. In women menstruation may cease for a few months after the onset

of disability, but later return to normal. Women may have difficulties with lubrication. Difficulties already stated above in finding an appropriate position for sexual activity also occur. Spasticity and decreased sensitivity can cause problems as well as the stoma sac, but they are not insurmountable problems. Paraplegia and tetraplegia are not hereditary, and they form no obstacle to conceiving and giving birth to children.

It may take a person with lowered mobility and weak muscles a long time to find a suitable position for intercourse. It is important for the disabled person to learn to know the functioning of her/his own body as well as possible and, for instance, to find out which position is best for pelvic mobility. Different positions and the use of pillows as supports provide new possibilities for intercourse.

A person with sensory defects can search for erogenous areas of his or her body with a vibrator. For instance, a person with a damaged spinal cord may find that areas usually considered to be sensitive to sexual arousal are unresponsive to touch. If tactile sensitivity is totally missing in the genital area, one has to find other areas of the body that produce sexual arousal and pleasure. In spite of a lack of tactile sensitivity it is possible to have an erection and orgasm, even though the sensations may feel different after becoming disabled.

One can prepare for the effects of incontinence by emptying the bladder and the bowel before interacting with one's partner. Emptying the bladder is a personal choice because in some cases the orgasm is stronger when the bladder is full. It is advisable for a disabled person to discuss the matter with the partner to prevent an involuntary emptying of the bladder from disturbing enjoyment from intercourse.

Congenital disabilities and deformities, that have not damaged the genitals, do not prevent intercourse but may cause problems of self-esteem. People with serious disabilities may often have to undergo corrective surgery, and children with disabilities may have to hear insensitive and unkind remarks about their disabilities. These remarks are experienced as criticism of themselves and their body, and people with serious disabilities may react to them by refusing to accept certain parts of their body.

Adaptation Training, Guidance, Technical Aids and Medicines

Different adaptation training courses are organised in Finland for disabled people, people who have become disabled, and people who have a disabled child. These courses often deal with sexuality and partnership concerns. The participants also have the possibility to talk individually with an expert (physician, nurse, sex counsellor or sex therapist) about their own situations and related matters. The purpose of adaptation training is to help clients accept themselves. Sexuality is not regarded as a separate entity but as an integral part of the human being and his/her personality. Sex is part of the need to love and be loved.

Sex counselling has been offered in various courses for couples and in rehabilitation. Sex counselling consists of verbal advice and suggestions for new positions for intercourse and getting acquainted with technical sex aids and medicines alleviating sexual problems.

Numerous technical sex aids are available and their number is increasing. Attitudes toward technical sex aids have gradually changed. Previously they were considered perversions, although their use is an old custom and totally accepted in many cultures. In the past few years the number and availability of technical sex aids have increased and negative attitudes have decreased. There are technical sex aids for both men and women for various purposes.

The use of medical treatment for problems with orgasm, for instance, has considerably increased. Injection treatments have been supplemented with oral medication, of which Viagra is the most famous. It is advisable to discuss the use of technical aids and medication with the treating physician. Technical aids prescribed by the physician are fully subsidised by the state in accordance with the law on services for disabled people. However, solutions vary for each individual case and finding the best possible technical aid or medicine may require time. More medical methods are being developed all the time for both men and women.

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