

Sexual Counseling for People with Spinal Cord Injuries: The Application of Cognitive Behavior Therapy

Sook-Kyung Shin

Assistant Professor, Department of Rehabilitation, Jeonju University

척수장애인 성 상담을 위한 인지행동치료 적용에 관한 기초연구

신숙경

전주대 재활학과 조교수

Abstract The number of individuals with spinal cord injuries in the most countries is rising each year. However, it is reported that most of them have sexual problem, however lack of research on deal with the issues related to sex identity and maladjustment in rehabilitation counseling setting. The purpose of this article: (a) to possess an adequate knowledge of the sexual problems facing individuals with spinal cord injuries; (b) to review past research on sexuality counseling with people who have spinal cord injuries; and (c) to present for some strategies for people with spinal cord injuries in order to sexuality adjustment, through Cognitive Behavior Therapy. Some suggestions are presented.

Key Words : Sexual Counseling, Individuals with spinal cord injuries, Cognitive behavior counseling, Body image, Sexual maladjustment.

요 약 대부분의 나라에서 척수장애인 수는 해마다 증가하고 있다. 장애발생 이후 많은 척수장애인이 성 정체성과 성적 부적응 문제를 가지게 된다는 연구들이 많음에도 불구하고, 그동안 이 문제는 재활상담 현장에서 소극적으로 다루어져 왔다. 이에 본 연구는 척수장애인들이 직면하는 성적 문제들을 제시하고, 성 상담과 관련된 이전 연구를 살펴보았다. 그리고 마지막으로 재활현장에서 척수장애인에게 적용 가능한 인지행동치료(CBT)를 통한 성 상담의 몇 가지 치료적 전략들을 제시하였다. 본 연구는 향후 재활상담현장에서, 척수장애인 뿐만 아니라 장애발생 후 장애인들이 겪게 되는 성 문제에 대한 보다 적극적인 논의의 필요와 적용 가능한 CBT의 기초적 이론 제시로써 의미가 있다. 이를 위한 몇 가지 제안을 담고 있다.

주제어 : 성상담, 척수장애인, 인지행동상담, 신체상(body image), 성적 부적응

1. Introduction

Disability impacts an individual's functioning in all aspects of life[1,2]. The higher is the level of injury, the greater is the degree of impairment. The amount of impairment experienced with spinal cord injury (SCI) is

dependent in the level at which the injury occurs[1].

For several decades, number of surveys have shown that many individuals with SCI have reported experiencing in sexual problems[1-10].

In 2014 individuals with SCI estimated approximately 67,295 individuals, with nearly 80% of cases involving

*Corresponding Author : Suk-Kyung Shin(ssookk73@hotmail.com)

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young men who typically place a great deal of importance on normal sexual and reproductive function[11]. Most of them loose of sensory and motor function, lose of bowel and bladder control, and some of sexual function, including diminished or absent sensation[1,9,10]. It is necessary that counselors should have a basic understanding of physiological and psycho-social impact on them[6,7,11].

In men, psychologically stimulated erections can no longer occur, but reflex erections are possible[8,11]. Kaplan stated that psychogenic erections occur in approximately 30% of men with power motor neuron lesions, and while some will have an emission of sperm, few will ejaculate[20]. Generally, women may experience a short break in the menstrual cycle immediately following injury[16]. Within 6 months of injury, the majority of women will return to their normal cycles, and since reproductive organs are protected internally, pregnancy is again possible, as are full-term deliveries[3,16]. In addition, due to the lack of muscular support for the uterus, women with paralyzed abdominal muscles must closely guard against the possibility of premature births and miscarriages[14].

As a matter of fact, individuals with SCI generally have often been reluctant to be discuss their sexual problems with rehabilitation counselors[8,9]. Also some of them tend to show an passive attitude in their sex life and to feel less sexually attractive than before their injury[2,15]. Attitudes related self-concept and body-image of the general public toward SCI are also negative, it calls societal taboo[16].

Therefore, it is necessary to do deal with sexuality counseling for the individual with spinal cord injury too help their sexual adaptation and in to change their passive attitude to their body images and societal taboo in communities[9].

This article attempt to present rehabilitation counseling technicians, especially of the application of Cognitive Behavior Therapy(CBT) for SCI in supportive group setting. All forms of CBT have many

characteristics in common of educational model of counseling and psychotherapy. CBT also has become one of the major trends in counseling and psychotherapy in recent years. CBT has been used to help individuals with a variety of conditions overcome depression and other negative emotions[2,16]. Researches have been reported that CBT is a useful to enhance sexuality adjustment of individuals with physical disabilities like SCI[16-18].

The purpose of this article: (a) to possess an adequate knowledge of the sexual problems facing individuals with spinal cord injuries; (b) to review past research on sexuality counseling with people who have spinal cord injuries; and (c) to present for some strategies for people with spinal cord injuries in order to sexuality adjustment, through Cognitive Behavior Therapy in group.

2. Literature Review

2.1 Cognitive Behavior Therapy by means of sexual counseling

Cognitive Behavior Therapy (CBT) is short-term, didactic, and directive[17,18]. Especially, in order to application of sexuality counseling for individual with physical disabilities like SCI, CBT seems to proper[16, 18]. Group counseling focuses on in-group support and empathy with the people[17]. The advocates for the group counseling approach feel that the people gain a great deal from each other in terms of the exchange of ideas and information about sex, as well as the emotional support people in similar circumstances can give to one another[15,17].

In relation to assumption of this article, Teal and Athelstan reported that clinical evidence has demonstrated that the sexual adjustment of persons with spinal cord injuries is greatly improved when they are given information concerning their sexual capabilities[19]. In a experimental study as christian counseling method for three patients with SCI, CBT

was efficient[20].

The adjustment uses as developing a new self concept, one that cemented in different values regarding what it means to be worthwhile[16,19]. The basic premises underlying all forms of CBT are that:

- Thoughts affect feelings
- One can alter one's feelings by thinking different thoughts.

These premises are reflected in what Raimy calls the terms "Misconception Hypothesis"[21]. If those ideas or conceptions of individuals which are relevant to his psychological problems can be changed in the direction of greater accuracy where they reality are concerned, his maladjustments are likely to be eliminated[21].

In explaining therapist's function and role in CBT, therapist has specific tasks, and the first step is to show people that they have incorporated many irrational beliefs, then people learn to separate their rational beliefs from their irrational ones[22]. In order to counseling for individuals with SCI in sexuality adjustment, infusing sex identity and positive body-image as well as providing information about birth control methods, communication with partners, and alternatives to sexual intercourse are very important matter in sexuality counseling for the population[11,14].

Be grounded on CBT, there are some therapeutic techniques the following below.

2.1.1 Therapeutic techniques

Psychologically, both male and female with spinal cord injured patients suffer a loss of self-esteem and experience feelings of anxiety and hopelessness after their injury and sexually[8]. Also they feel less attractive, and many even feel that their sex lives are over. Men perceive a loss of masculinity when they learn of their probable infertility[11]. Women with SCI may be less disturbed than men about having sexual relations[3]. Although a SCI may affect a woman's sensation in her sexual organs, it will not affect her

functioning and ability to experience a relatively normal pregnancy[3]. Therefore, through CBT remove obstacles out of the way related mistake cognitions, exactly passive cognition, in sexual lives[18]. The common feature of all these self-defeating thoughts related sexual lives is that they are a form of self-talk. They are as follows[16]:

- All of my difficulties are caused by my disability
- I cannot sexually satisfy able-bodied women.
- I am of less value as a person in sexual lives because I 'm not able-bodied.
- My disabled-body looks ugly, so I 'm not make a good impression.

The below is some strategies for disputing self-defeating thoughts (SDT).

- 1) All of my difficulties are caused by my disability

This SDT reflects the notion that all problems of individuals with disabilities are caused by the disability and, conversely that if they did not have a disability they would not have problems[16]. Of course, this isn't true. Everyone has problems, but it is important to help people differentiate between those difficulties that are a result of the disability and those that are not. Counselors can help their people discriminate between an event being bad or unpleasant versus it being awful of catastrophic[16,19].

- 2) I cannot sexually satisfy able-bodied women.

The essence of all relationships, and a necessary component in any mutually satisfying sexual relationship, is communication, which is especially important when one partner has a disability[8,18]. Often partners of persons with SCI are justifiably curious but are afraid of offending their partners by asking questions[11]. Therefore, counselor can use sexually explicit and inspiring films such as "Touching", which shows sexual activity between a man with quadriplegia and his wife and provides specific behavioral assignments such as sensate focus to assist o couples in overcoming the fear of failure and searching for and

exploring methods of mutual pleasure[16,18]. The use of films and assignments may provide a means for open discussions about sexuality and at the same time, an encouraging “push” for experimentation[16]. SCI does not mean sexual incapacity.

- 3) I am of less value as a person in sexual lives because I'm not able-bodied.

This SDT was one of the beliefs that reflect the view that disability is a sign of personal inferiority[16,22]. Disability can be a devastating experience for many people. In its initial stages, disability can shatter self-esteem[1,24]. But some individuals continue to tell themselves that they are less worthwhile as human beings in sex lives, simply because they happen to have a disability[24,25]. people need to realize that what makes people worthwhile has nothing to do with whether they have a disability of whether they are able-bodied; it has to do with their lives[16].

- 4) My disabled-body looks ugly, so I'm not make a good impression.

In reviewing earlier studies, most of individual have low body-image. Both male and female with SCI suffer a loss of self-esteem and experience feelings of anxiety and hopelessness after their injury[3,11]. Regarding this SDT, counselors help their people with spinal cord injuries through self-concept and body-image training presented by some literature[10]. The proponents of the positive self-concept and body-image training approach see sexual counseling from the point of view that an improved self-concept is vital to sexual adjustment, and conversely, that adequate sexual adjustment improves self-concept[16]. The counselors using the positive self-concept approach seek to counteract these feelings by concentrating on the positive aspects of self-concept and body-image they feel are inherent in all human beings[15,18].

3. Conclusion

Sexual health has been implemented a important role to enhance quality of living [26,27]. However, many individual with SCI are unaware of how other persons with disabilities deal with their sexual problems. Many are not even aware that they can still engage in some sexual activity after injury[8]. However, most of the literature in the field of sexual counseling for persons with SCI reported that they can learn to lead satisfying and fulfilling sexual lives.

The trend toward openness and honesty in sexual counseling for the person with a SCI as healthy and necessary for the total adjustment of the individual, and one that should continue if we are to provide comprehensive services to this client[14,15].

In other words, the rehabilitation counselor make individuals with SCI show to the present feeling of an open, do honest discussion of sexuality and sexual practices as it relates to total psychological adjustment to disability[15]. And, the counselor in sexual counseling with them must make a special effort to put that person at ease, so that he/she can feel free to discuss his/her sexual concerns openly[12,15,23].

Finally until now, it is short of literature on sexual counseling for persons with SCI and information directed the population for sexual adjustment in rehabilitation counseling setting. Therefore, it is necessary the effort for continuous empirical study related the sexual counseling of persons with SCI, through not only CBT but also other therapeutic strategies. Without an understanding rehabilitation counselors or other people as well as their partners, the individuals with disabilities like SCI would have even greater difficulties in their entire life including sex.

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신 숙 경(Shin, Sook Kyung)

[정회원]



- 2001년 2월 : 한신대학교 재활학과 (학사)
- 2003년 12월 : 미국 서든일리노이주립대학교 재활행정 및 정책(석사)
- 2012년 8월 : 미국 서든일리노이주립대학교 재활학(박사)

· 2013년 3월 ~ 현재 : 전주대학교 재활학과 조교수

· 관심분야 : 재활학, 장애인복지

· E-Mail : ssookk73@hotmail.com