



Sexual Rehabilitation of the Spinal-Cord-Injured Patient

J. F. J. Leyson

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G. Blasius first described the anatomic aspects of spinal cord injury (SCI) in 1666. Until that time, society had totally ignored the physically disabled, let alone allowed them to mingle socially and sexually. The mortality rate between 1814-1914 was estimated to be 50-80%, although sexual and sociocultural implications were not addressed. In a 1928 novel, *Lady Chatterley's Lover*, D.H. Lawrence strongly reflected the sexual concerns of a paraplegic who had been labeled impotent. The modern management of SCI was initiated by Monroe and Guttman in 1943, but with heavy emphasis on physical and urological rehabilitation and only superficial attention to sexual dysfunctions. H. W. Home et al. started the investigation of SCI infertility problems in 1950. It was not until 1960 that Borsari and Comarr collaborated on a study that classified the types of sexual dysfunctions in relation to neurological level of lesions following spinal cord trauma. Normal (non-disabled) sexuality came of age during the past two decades. This was highlighted by the 1966 publication of W. Masters', *Human Sexual Response*. However, the topic of sexuality in physically challenged (handicapped) persons remains largely taboo in our present society. There are an estimated 10-12 million SCI persons worldwide. In America, there are approximately 1.2-1.5 million SCI victims, with an annual incidence of 12,000-15,000, or one every 35 minutes. The visibility of SCI persons was enhanced when the United Nations declared 1980-1990 as the decade of disabled persons. Furthermore, the enactment into law, in July, 1990, of the American Disabilities Act, pointed out the handicapped person's right to the fullest pursuit of happiness. Since the release in 1974 of K. Heslinga's *Not Made of Ivory*, only a handful of books on medical sexuality for the disabled have been published. This book has three major objectives: 1. to provide thorough and comprehensive coverage of disabled persons' sexuality in all sexual orientations; 2. to introduce new terminology and theories, to redefine certain sexual dysfunctions, and to describe updated treatment formats; and 3. to present research and innovations that may stimulate further investigations into disabled sexuality during the next decade. The first part of this book defines new sexual terminology and describes the full spectrum of sexual challenges. The second half of the book deals with a variety of diagnostic and therapeutic sexual innovations, AIDS implications, and cosmic sexology. Finally, the Appendix lists international sexual referral centers and information organizations.

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