Sexual Assertiveness in Spinal Cord Injury

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ABSTRACT: Concepts from assertiveness training literature are presented as pertinent to the sexual expression of persons with spinal cord injuries. This article describes sexual assertiveness and spinal cord injury, who might benefit from these techniques, and suggestions for trying them out.

W/M quadriplegic, 31 years
old, seeks woman for kinky
sex. Call John 473-2961.

Although not a technique which is recommended for all, this ad, which appeared in the *L.A. Free Press*, does illustrate several major issues relating to assertiveness, sexuality and Spinal Cord Injury (SCI): namely, (a) meeting eligible partners is difficult (perhaps more so when physically handicapped); (b) asking for what one wants in a direct manner usually leads to a positive outcome (as did this ad); (c) when some sexual options are denied, other options may need to be explored.

This article is intended to discuss the following aspects of sexual assertiveness[1] and SCI: What is it? Who needs it? What can it do for you? How do you get it? Trying it!

WHAT IS IT?

The literature on assertiveness training (see Heimberg et al.[2] for a review) discusses the concept of assertiveness in terms of behavioral skills, anxiety,

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and cognition. The present authors thus define sexual assertiveness as: The acknowledgement of yourself as a sexual being and utilization, with little anxiety, of a set of behavioral skills to obtain sexual satisfaction for yourself and your partner. In SCI or other physical handicaps the techniques used to achieve these goals may be different, but it is felt that with appropriate exploration of alternatives and expression of feelings (both physical and emotional), a reasonably satisfactory sexual adaptation can be made even by the most severely handicapped quadriplegic. For example, sexual assertiveness in the SCI individual may take the form of new ways of meeting people, flirting, seduction, dealing with external appliances, clothes removal, and exploration of different erogenous zones.

It should be emphasized that sexual assertiveness also involves learning to receive pleasure as well as give it, giving others permission to be sexually assertive, and taking responsibility for your own sexual pleasure. Many sexually active SCI people get to the point where they find that they can satisfy their partner, but go no further in the exploration of their own sexual pleasure. Understanding of sexual assertiveness in terms of one's own responsibility to one's self[3,4] may help these individuals progress in sexual adaptation to their injury.

WHO NEEDS IT?

Those spinal cord injured persons and/or their partner(s) dissatisfied with the sexual component of their lives may need to learn to be sexually assertive. Those spinal cord injured persons who view themselves as asexual or not entitled to be a sexual person may also benefit. Dissatisfaction with the sexual component of their lives might be the result of a variety of reasons such as:

1. A total absence of any sexual activity with a partner since injury.
2. Current sexual activity not pleasurable enough.
3. Sexually inexperienced before injury and therefore reluctant to initiate sexual activity.
4. Currently no sexual component to lifestyle but desire to change this.

For some spinal cord injured persons, injured at an early age, the question might be: What is sexual pleasure? For others, it may be responding to the mythology present in our culture such as, "People in chairs can't have sex;" "If you can't get it up, no woman will have sex with you," or "Disabled people are not supposed to be interested in sex, or a relationship with someone of the opposite sex, or marriage or children of their own." When friends and family operate with this mythology in mind (usually out of ignorance) they refrain from using language of a sexual

nature, making references to future sex-linked behavior such as, "When you have kids of your own, you'll understand" or abandon casual flirting for behavior that is not sexual in nature out of fear of frustrating the SCI person. Conversely, friends and acquaintances may behave in a sexually exaggerated manner such as telling in great detail every conquest, making inappropriate physical advances or only relating via dirty jokes and/or locker room humor. These individuals who are insecure in their own sexuality and build themselves up at the expense of someone they see as asexual must be recognized and dealt with assertively.

WHAT CAN IT DO FOR YOU?

As one becomes more sexually assertive there is an increase in the satisfaction of the sexual component of one's life. This may take the form of actual satisfying sexual activity with a partner or may simply be a change in attitude to viewing oneself as a sexual person versus an asexual one. This change in attitude is accompanied by the confidence necessary to take steps to experience pleasurable sex. The confidence comes from having thought through or rehearsed the sexual activity desired, and what will have to be asked of a partner in terms of assistance. This includes asking to be undressed, as well as how a partner will be given verbal and nonverbal feedback during and after the sexual experience.

In the nonsexual areas of one's life and relationships, there is carryover of the clarity and directness used while communicating during sex. The more skillful a communicator one becomes, the more interpersonal relationships are enhanced.

An additional gain from enhancing relationships in general because of increased communication skills is the increase in self-esteem and improvement in body image. The spinal cord injured person must go through adaptations to body image that are facilitated or hindered by changes in sensation. Many spinal cord injured persons will be touched as part of the care regimen, but not have the opportunity to receive touch from a body-pleasure point of view, particularly if functional limitations preclude self exploration for intact or new erogenous zones. When one becomes sexually assertive and engages in sexually pleasurable acivities there is the opportunity to expand on the knowledge of one's body such as areas of hypersensitivity, perhaps even discovering areas that were thought to be insensitive. Such knowledge gained through mutual exploration accompanied by giving and receiving feedback cannot help but improve body image.

As body image improves so do feelings of self esteem. The sexually assertive person is constantly giving and receiving feedback. When you

receive feedback that what you are doing sexually feels good to a partner and have the chance to be close and experience each other in a way that is not possible in the usual social sense of interacting, self esteem is increased.

When a spinal cord injured person becomes sexually assertive, he/she also may become more desirable to potential partners. The desirability comes about because the sexually assertive person immediately begins cueing in potential partners to the fact that he considers himself a sexual person, that he considers sexual satisfaction as a natural part of life and that sex might be a part of a mutually satisfying relationship. This early cueing does not allow any chance for mythology to take over and retard a potential relationship, particularly when the partner may be totally inexperienced with physically limited persons. The spinal cord injured person can "ooze sex appeal" every bit as much as an able bodied person.[5]

The sexually assertive SCI person also has worked through the steps necessary to put a partner at ease about preparing for sexual activity to prevent possibly embarrassing situations such as: A female SCI person alerting her partner before undressing that she has a Foley catheter in place, that it is easier for her not to have it removed for sex and unless her partner finds it distracting or uncomfortable, that she does not find that it interferes with her enjoyment of sex (in fact it may increase it); or, a male SCI person explaining his urinary collection system before his partner discovers it. It is the unexpected that often causes a situation to be embarrassing when otherwise with a little forewarning the same situation might be used to illustrate a point—"This is what the leg bag looks like that I was telling you about."

Cultural prohibitions can also be overcome with sexual assertiveness. Prohibitions such as anal intercourse, oral sex, etc., have to be thought through when a spinal cord injured individual makes a decision to be sexually assertive. The prohibitions are weighed in the light of what that prohibition means to him or her today, given the fact that he may have to exercise his sexuality in different ways because of the physical limitations of the injury[6].

HOW DO YOU GET IT?

To assertively fulfill one's needs for sexual expression, the SCI person must become aware of the variety of resources available, personal and community.

Knowledge gained through previous sexual encounters, or attempted encounters provide a baseline by which the individual can identify standards, or levels of fulfillment, which are satisfactory or need to be changed. Curiosity or inquisitiveness about sexuality (one's own or that or others) can serve to enhance personal fulfillment through direct as well as vicarious experience. Of paramount importance is the need for the

individual to recognize that social skills are necessary[7,8] and are acquired through experience.

Resources which exist outside of oneself are important to be recognized. Community-based resources available for contacts and/or sexual expression exist in the form of special interest centers; such as, Center(s) for Independent Living; rap groups, churches, SCI Centers, Sexual Attitude Reassessment Seminars, bars, Community or Junior colleges, etc. Sex-oriented media and other commercial operations are also options. It is important for the individual to give himself permission to explore the availability of prostitutes, massage parlors and surrogates. These services may not fulfill emotional needs but may help the SCI person to learn more about his body and serve as a first step to sexually experiencing a partner.

TRYING IT

For the individual who has decided to seek sexual fulfillment, three phases of specialized activities must be recognized: (a) The Approach; (b) The Delivery; and (c) the Follow-through.

The Approach

Having made a decision to be a sexual person, the trick is getting up the nerve to make an approach and hopefully the correct one. It should be strongly emphasized that it is more important to make any approach, even if it is unsuccessful, than it is to have that "perfect opening." Therefore, it is recommended that a simple, "Hello, my name is ________. May I join you" is usually sufficient. Compliments, comments about the location, open-ended questions, or positive personal statements are possible ways of continuing the conversation.

All of the above are problems for the non-handicapped as well, but the SCI person must deal with the following additional problems:

Eye contact. Typically, eye contact is a good index of interest, but the wheelchair-bound individual may have to differentiate sexual interest from curiosity about the handicap (although a number of our patients report that they sometimes use the curiosity of others to make an acquaintance). No studies on this topic exist that we are aware of, but we would expect that eye contact from curiosity would be more quickly broken by the non-handicapped person.

Managing the topic of the wheelchair and the injury. Most information of this nature is best given briefly, simply, and matter of factly with a change of topic as soon as it is felt that the other person is comfortable. Information given in small doses is less likely to bore or shock the listener and will also convey the impression that the disability is only a small aspect of his life.

Initiating physical contact. Many cues about whether the other is

interested are gained from casual physical contact. Pulling away, coming closer, or returning a squeeze all indicate different things. The person in the wheelchair must find techniques to communicate in this way, e.g., making eye contact and saying, "That feels nice" to a caress, or initiating physical contact by touch or verbal request.

Clearing up sexual misinformation. Dealing with the sexual stereotypes mentioned earlier may require the SCI person to work sexuality into the conversation at an opportune time. When a potential partner expresses surprise that a paraplegic is living by himself, for example, a reply might be, "Yeah, it is really no problem for me, but it just shows there are a lot of things that people don't know about SCI, like sex for instance." These are good opportunities, as the relationship develops, to let the partner know about hypersensitive areas, longer lasting erections, multiple orgasms, internal sensations, increased consideration for the partner, etc. Not only are misconceptions cleared up, this kind of talk may serve an arousal function as well. This may facilitate the "one night stand" as well as the developing relationship.

Location. For the non-handicapped, location for sexual advances is less of a problem than for the SCI person. However, creativity can aid biology here. If the wheelchair interferes with casual touching or physical closeness, transferring onto the front seats of cars, couches, swimming pools, and therapy mats all make physical contact a lot easier.

The Delivery

Many people feel that somehow "Nature" is supposed to take over after a couple is finally in bed. While possibly true for procreation purposes in the non-handicapped, for the SCI person, married or single, it is unrealistic. This section will attempt to explore how sexual assertion can facilitate sexual pleasure in the act itself.

Know thyself. For the sexually nonassertive or inexperienced SCI individual, self-exploration through masturbation and other stimulation techniques is highly recommended. Contemporary sexual education has gone beyond masturbation phobia in the non-handicapped, but it is still a taboo topic in most rehabilitation hospitals. We feel that re-exploration of the body as it now is, (unassisted *and* assisted) constitutes an important way of finding out where secondary erogenous zones, hypersensitive areas and internal sensations are located. In order for the development of these internal sensations referred to by our sexually experienced patients, self-exploration is an important starting point. Some patients will say, "Why bother. I can't feel there," to which we reply, "Well, it takes a lot of practicing and paying attention to your body to become aware of new or different sensations, similar to those you may have achieved about your bladder or bowel."

Clothes removal. The high level quadriplegic may have difficulty removing his own and/or his partner's clothes and therefore avoid potential sexual relationships. Assertively asking the partner to take off clothes item by item may be very arousing for both partners and thus a good way of initiating sexual relations.

Communication. Sexual communications are accomplished in a variety of ways. Verbalizations expressing invitations, pleasure, excitement, or instructions, and their negatives may be part of most sexual encounters. Less obvious, and sometimes unacknowledged, are the more subtle forms of sexual communication—body language, eye contact, touching, body noises, and odors. The sexually assertive SCI individual must reassure a new partner that he is not being hurt, must acknowledge pleasurable stimulation, must let the partner know that nonejaculation does not mean lack of fulfillment and must occasionally ask to be stimulated while being passive in order to get in touch with his/her body, etc.[9]

Changes in marital sex with SCI. Couples often develop sexual patterns long after relationships that require little verbal communication. SCI may require them to begin talking about matters such as when, where, and how that they may not have discussed since early in their marriage. One or both of the partners must assertively start asking these questions while reassuring the partner at the same time. A wife, who prior to her husband's injury was passive in initiating and/or physically participating in sex, may need a great deal of encouragement from her husband to be more active (inserting penis in vagina). Both will be experiencing changes in their sexual expression from the comfortable familiar.

Permission giving. Telling your partner, "Please tell me if that feels good" and/or "I'd really like for you to tell me what you like" helps to encourage and support the partner to become more assertive, thus facilitating communication.

Positions. By the male assertively initiating a position change, culturally influenced personal preferences,—the missionary position—may be reconciled with the physical necessity for the female superior position.

Props and aids. The sexually assertive SCI person and his partner may want to explore various devices (vibrators, dildos, etc) in order to find out if they contribute to sexual pleasure.

Fantasy. The active use of fantasy is sometimes reported by the SCI person as a frequent supplement to tactile stimulation. The fantasy may be explicit sexually or, not uncommonly, the fantasy may be a recollection of a previous experience where a sense of well-being and pleasure was obtained. Sharing of the fantasy may facilitate sexual pleasure[10].

Follow-through:

The spinal cord injured person must evaluate initial sexual encounters carefully. For some the experience of increased emotionality[11], changed

body sensations, and/or expectations may facilitate or hinder the feedback process and/or interfere with sexual pleasure. For these reasons repeated sexual encounters are highly recommended. Ritualization and scheduling a regular time for sex or arranging future dates,will help to overcome factors interfering with desired sexual pleasure.

CONCLUSION

This paper has reviewed the concept of sexual assertiveness in SCI and attempted to show that: (a) assertiveness is a necessary precondition to satisfactory adaptation in SCI; (b) sexual assertiveness may enhance communication, self-esteem, body awareness, desirability, etc.; (c) differences in technique (as suggested in this paper) may be necessary for the SCI individual, in fact, these differences may enhance sexual pleasure rather than detract from it.

The present authors believe that the following quote (circa 1863) applies to SCI individuals as well:

> "It is all wrong that gentlemen have a world of fair ones to select from, while ladies can only choose between two, three, or half a dozen stupid admirers, who may offer themselves. There is no weighty reason that it should be so, and the female sex is recreant to its own rights and happiness if it does not assume the right to choose and propose."[12]

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