Chapter

11 Health and Sexuality

An individual's sexual well-being is a critical factor in their overall health and quality of life.

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Objectives

1. Identify the effects of illness and disability on self-concept and body image
2. Understand the effects of impaired sensory-motor function on sexuality
3. Discuss the impact of diabetes on sexuality
4. Review the effects of impaired cognitive function on sexuality
5. Explain the effects of mental illness on sexuality
6. Learn how pain and fatigue impact sexuality
7. Know the effects of various medical treatments on sexuality
8. Identify how alcohol and other drugs impact sexuality



Truth or Fiction?



T / F 1. Some spouses of chronically ill partners establish another relationship to cope with the situation.

T / F 2. In Japan, "assisted masturbation" is provided to people with disabilities in an approved context.

T / F 3. People with disabilities are often thought to be asexual.

T / F 4. Diabetes in men is associated with erectile dysfunction.

T / F 5. Chemsex can lead to STIs and HIV.

Answers: 1. T, 2. T, 3. T, 4. T, 5. T

The World Health Organization defines sexual health as a state of physical, mental, and social well-being in relation to sexuality. Sexual health requires a positive, respectful approach to sexuality/sexual relationships and includes having pleasurable, safe sexual experiences, free of coercion, discrimination, and violence (WHO, 2020).

There are deficits in education about sexual health. For example, sexual health education in Canada has been criticized as not providing content about sexual dating violence (Guyon et al., 2023). Interviews with 100 adolescent females, aged 14–19, revealed some gaps in Canadian guidelines for sex education between what is taught in class and real-life experiences. For example, one student said:

> *I am asking myself: "Why are they only showing me consent now when I have been having sex since I was 14"? It is a little late to be showing stuff about consent when there have been people doing it for two years already.*

The benefits of sexual education are not only personal but social in that it involves strengthening social bonds (Regan, 2020). Mollen and Abbott (2022) reemphasized the particular responsibility of psychologists to serve in the role of advancing "a scientifically accurate, sex-positive, intersectional approach in order to champion sexual health and sexual well-being via sex education."

In addition to education, sexual health is also about economics. Higgins et al. (2022) noted that sexual satisfaction and sexual well-being are associated with higher education, income, and occupation. For example, the homeless are more likely to contract sexually transmitted infections and to experience sexual coercion and assault. In qualitative interviews, respondents shared details about their experiences with homelessness and how challenges with sexual identity and/or sexual vulnerability both contributed to and resulted from being unhoused (Smith & Adams, 2020).

Some populations/groups are essentially "left out" of both sex education and health care. The LGBTQIA+ community is particularly compromised in terms of health care, with a fourth having never come out to a health-care provider and half fearing a negative reaction were they to do so (Shanker, 2020). Tidey et al. (2022) emphasized the rights of people with disabilities to self-determination and sexual agency and suggested that sexual health education include accessibility, flexibility, and an awareness of the needs of people with disabilities.

Seniors (65 and over) are sometimes reluctant to talk about sex to health-care providers. In a study of 226 seniors, only 32% of men and 23% of women had done so (Morgan & Martinez, 2020). Many seniors rely on their health-care providers to initiate discussions about sexuality. Given the limited training that many health-care practitioners receive regarding sexuality, many do not feel comfortable having those conversations with patients.

Aside from the health-care needs of various groups and their sexual health needs, in this chapter we discuss the broader concerns of sexual health—illness, disease, disability, and alcohol/drugs and how these interfere with the quality of life in relationships and sexuality.



National Data

Over 70 million individuals in the US have a disability, which is more than 1 in 4 (Centers for Disease Control and Prevention, 2024b).

11.1 Effects of Illness and Disability on Sexuality

Disability
Health condition that involves functional deficits in performing activities of daily living

Having a chronic illness or **disability** impacts one's relationship with themselves, their partner and their sexual relationship. Indeed, there is a direct relationship between physical and mental health and one's relationships/sexual satisfaction. This association was revealed in an analysis of data from 4,102 individuals with physical disabilities and 1,174 individuals with mental disabilities. People with mental disability or both mental/physical disability reported the lowest level of sexual satisfaction and activity (Mamali et al., 2020).

Disability is natural. We must stop believing that disabilities keep a person from doing something. Because that's not true . . . Having a disability doesn't stop me from doing anything.

Benjamin Snow, Grade 8, in his essay "Attitudes About People with Disabilities"

Some illnesses have a particularly dramatic impact on the patient's and partner's relationship/sexuality. Cancer, for example. In a study of 230 partners of cancer patients, 56% revealed a negative impact on their intimacy and sexuality (Albers et al., 2021). Campos et al. (2022) also studied the impact of women with advanced breast, colorectal, or gynecologic cancer and found that cancer severity negatively impacted body image, which was associated with lower quality sexual satisfaction. However, overall quality of life satisfaction may not have been affected.

People with disabilities may also be viewed as asexual and struggle with how their disability will impact their sexual behavior. People with physical disabilities report lower frequencies of sexual behavior. In a study of 36 individuals with a physical disability (average age = 40), 58% reported not having had sex in the last 6 months, with 27% never having had sex. The lower frequencies are mostly due to not having a partner (Pereira, 2021). Parents of people with disabilities are also affected in that mothers of disabled children report higher levels of depression, which impacts the quality of their own sex life (Tugut et al., 2021). Chivari (2022) emphasized the need to improve communication between professionals, people with disabilities, and their family regarding sexuality.

Having a disability impacts one's partner and the couples' relationship. One way of coping with the relentless demands of caring for a chronically ill partner is for the "well" partner to establish another relationship, which gives companionship/meaning/support. Sometimes the chronically ill partner is aware of the new partner, and sometimes not. This arrangement may be an alternative to abandoning the chronically ill partner, but may not be a viable option for all relationships.

The American Heart Association issued new guidelines on sexual activity for individuals with cardiovascular disease and their partners. The document emphasizes the social, psychological, and physical factors that cardiovascular patients are to consider regarding sexual functioning. Basically, patients are advised to consult their physician about their level of health and the medications they are taking before resuming strenuous sexual activity. Hugging, holding, and physical intimacy focused on enjoying arousal is safe, but use of medications (such as Viagra) should occur only if recommended by a physician.

11.2 Effects of Illness and Disability on Self-Concept and Body Image

In general, people with chronic illness or disability are vulnerable to developing a negative self-concept and body image; they view themselves as undesirable or inadequate romantic and sexual partners. A summary of these feelings by two researchers is insightful: "Disability always remains with them, playing an important role in the social lives of these people and in their sexual experiences" (Iarskaia-Smirnova & Verbilovich, 2020). One of the individuals with a disability gave a personal voice to the issue of sex for people with disabilities: "Probably, the thing is that after 35 years of life I have not had sex with anyone, either with girls or boys, and the sexual tension is really massive." The association between body image and sexual confidence, particularly among patients with hives is particularly acute (Simsek et al., 2020).

> *Disability and sexuality are social constructs, and disabled women's sexuality is often misunderstood, misrepresented, or disregarded altogether.*
>
> Tanya MacKeigan

Chambers (2023) analyzed the stories of 300 adults with physical disabilities regarding their disability and sexuality. Coming out as a person with a disability and communicating with partners about sexuality were among the themes of the stories. Some examples of comments include:

. . . since my disability physically impacts the shape and ability of my body (scars, muscle contractures, spasms, twisted legs/hips, reduced muscle bulk), I have always had a hard time accepting my body. I don't hate my body per se—I am grateful for what I CAN do with it—but whenever I look at my body and then society's ideal of a non-physically disabled body, I feel like no one will ever want to be in a permanent relationship with me.

***

I've been together with my boyfriend for almost 3 years on and off with a couple short breaks, so all of my sexual experiences are with him. But as my pain and ability levels and mental health all fluctuate, I find it really difficult to connect often and initiate sex or field anything about it. If I was single it would probably feel impossible to start that with another person.

Personal Decisions 11–1

Would You Date a Person with a Disability?



People with disabilities are less likely to attract a romantic partner. Three-hundred and ninety single people (ages 19–70) were asked about their willingness to date a person with a physical (e.g., wheelchair), sensory (e.g., deaf/blind), cognitive (e.g., low IQ), psychological (e.g., autistic), or health (e.g., obese) disability.

In general, people with disabilities were more likely to be perceived as asexual. They were viewed as less capable of providing for one's physical and emotional needs and, therefore, less desirable as a potential romantic partner. In addition, people with disabilities were viewed as an unequal partner in that they would be "too much work" and "sick all the time." Finally, people with disabilities may view themselves as less valuable than the able-bodied, creating feelings of inferiority (Collisson et al., 2020).

People with disabilities are also less likely to be married. According to the U. S. Census, only 41% of persons with disabilities are married compared to 52% of people without a disability. It's important to note that not everyone desires to be married, and that issues surrounding health benefits may include the decision to be in a committed relationship that does not involve marriage.

Discrimination against people with disabilities as dating partners is widespread. Ip et al. (2022) asked young adults in both Australia and Hong Kong if disability would influence their dating choices. Most replied that "it would and expressed an unwillingness to date people with disability."

Anderson et al. (2022) interviewed 49 college students with disabilities and revealed the complexity of these relationships in regard to romance and sex. Not only did these students with disabilities acknowledge that they were vulnerable to being manipulated and might stay in an unhealthy relationship out of love for the partner, but that consent for sex was complicated.

Mazur (2022) asked LGBTQ+ individuals who had disabilities about their openness to dating someone with a disability. One-third (33.3%) of respondents endorsed every category of disability, and there were no significant gender, age, sexual orientation, or disability differences in this response. One 25-year-old bisexual genderqueer participant with ADHD, multiple chronic health impairments, and anxiety disorders explained that "people with any disabilities are just as wonderful, attractive, and worthy of love."

11.3 Impaired Sensory-Motor Function and Sexuality

Several neurological diseases and injuries, including spinal cord injury, can result in impaired sensory-motor functioning. The effects of sensory-motor impairment on sexuality are varied and depend, in part, on the type and severity of the illness or injury.

11.3a Spinal Cord Injury

Worldwide, over 40 million individuals (80% men) have experienced a spinal cord injury (mostly from a car wreck). The effect of spinal cord injury on sexual functioning depends on the level of injury and whether it is *complete* or *incomplete*. In a complete injury, there is no function below the level of the injury—no sensation and no voluntary movement. In an incomplete injury, there is some functioning below the primary level of the injury.

Depending on severity, there may be major changes from spinal cord injury to manage—loss of bladder, bowel, and sexual function are compounded by psychological outcomes such as feelings of bewilderment, disbelief, anger, fear, hope, and despair. Fatigue, discomfort, and bladder/bowel issues are also daily issues to contend with. Eighty percent of both women and men report an "altered sense of sexual self" (Earle et al., 2020).

Cervical (neck) injuries usually result in **quadriplegia**—paralysis from the neck down. Very high cervical injuries can result in a loss of many involuntary functions, including the ability to breathe, necessitating breathing aids such as mechanical ventilators. Injuries at the thoracic level and below result in **paraplegia**—paralysis of the lower half of the body.

Angel and Kroll (2022) interviewed 10 spinal cord injured people up to 10 years after their accident. Profound changes resulted. Those who did not have partners struggled with self-confidence in meeting new partners. Those who did have partners noted the difficulty of maintaining a sex life/intimacy. The researchers summarized the interviews:

> Despite all the efforts to regain a sexual relationship, it did not work for everybody. For some, the return on investment was not enough and the struggle not worth it. A middle-aged woman, Belinda, and her husband initially thought their very satisfying sex life would be restored a while after the injury. However, even though she desired to have sex with her husband, she failed in overcoming the devastating fatigue by the time they were ready to go to bed. Trying to be intimate when rested, she often felt unattractive due to bowel and bladder problems, and her lack of muscle tonus. Furthermore, she was a passive partner due to paralysis. Realizing the loss of sensation making orgasm no longer possible, she slowly acknowledged that their sex life was yet another loss.

Nevertheless, some spinal cord injured individuals regain their sexual life/positive feelings regarding their sexuality. Lopes et al. (2022) assessed the sexual outcome of 112 people who had a spinal cord injury. Results revealed that personal and contextual factors were stronger determinants of sexual activity and sexual satisfaction than the neurologic characteristics of the injury. Hence, it is more often the way the person processes the spinal cord injury (SCI) than the physical reality in terms of sexual outcome.

Peer support, masturbation, and use of the internet to meet new partners were important factors. In people with SCI, orgasm may occur by direct stimulation of the genitals, by mentally reassigning sensations that can be felt in other areas of the body to the genitals, and/or by erotic imagery such as fantasizing. Some women with disabilities outright reject the notion that they are asexual and find ways to assert their sexuality by challenging dominant, restrictive, and ableist constructs (Peta et al., 2017). The presence of and involvement with a partner are the major positive predictors of adjustment for a spinal cord-injured person (Freeman et al., 2017).

For men with spinal cord injury who can achieve erection, intercourse may take place with the partner sitting down on the erect penis. If erection is not achieved,

Quadriplegia
Paralysis from the neck down

Paraplegia
Paralysis of the lower half of the body

some couples use the *stuffing technique*, in which partners push the soft penis into the other partner's vagina or anus. The partner then contracts and holds the penis inside of them. For some men with spinal cord injury, Viagra or an inflatable penile prosthesis implant can be helpful in achieving erection. *Up Close 11–1* reveals a unique program in Japan for providing masturbation assistance for the male with a disability.

Up-Close 11–1
Assisted Masturbation for People with Disabilities in Japan*



Consistent with Japan's domestic legislation regarding the Elimination of Discrimination against Persons with Disability, two organizations have emerged to provide assisted masturbation for males with a disability (e.g., spinal cord injured) by "medicalizing the pleasure of people with disabilities in the name of 'nursing care.'" Interviews with 27 people with physical disabilities and their caretakers provided the information. The focus was on male masturbation (admittedly sexist and heteronormative) since ejaculation was an easier focus than orgasm by a female, which was viewed as "more complicated" and dependent on more contextual/emotional concerns than males. One woman said, "I do not want to be touched by someone whom I do not like. I 'feel' not only through my body but also in my head and I can feel pleasure by the fact that I am touched by the one whom I like."

One Japanese organization is White Hands, officially registered as a sexual service provider offering "ejaculation assistance" for males with severe physical disabilities who cannot ejaculate by themselves due to disabilities like paralysis or contracture of limbs. White Hands is also active in bringing attention to and advocating for the sexual rights of people with disabilities who are often viewed as asexual.

White Hands prohibits customers from viewing pornographic material while receiving the ejaculation assistance and regards the "nursing care activity" as a service to clients who have lost sexual function. Most of the participants regarded the prohibition of pornography as robbing the experience of any eroticism and turning the event into a sterile medical clinical procedure. Further, the whole White Hands program emphasizes that the sexual needs of people with disabilities are under the control of someone else.

Noir is the second organization, a nonprofit, which provides an occupational therapist who discusses with the client ways in which they can experience sex. Options include paying a sex worker, masturbating themselves, or providing masturbation assistance to those who cannot. Sex assistance is not offered from a person of a different gender.

Both organizations are concerned with the issue of the caregiver's rights. For example, should they be forced to provide sexual assistance to a client? Most agree that the answer is no. Most participants felt that a sex worker or therapist might be the best person to provide masturbatory sex assistance.

*Based on Sakairi, E. (2020). Medicalized pleasure and silenced desire: Sexuality of people with physical disabilities. *Sexuality and Disability, 38*, 41–56.

11.3b Multiple Sclerosis, Urinary Incontinence, and Cerebral Palsy

Multiple sclerosis (MS) is a progressive disease that attacks the central nervous system. Onset of MS usually occurs between the ages of 20 and 40, and the incidence of MS is two to three times higher in women than in men. MS is a complex and challenging process and can have devastating consequences for one's sex life. Thirteen women with MS, aged 18–50 years, shared their experience during interviews. Themes of the interviews included "declining quality and quantity of sexual relationships" with three categories of "poor sexual function," "reductions in the frequency of sex," and "fear of recurrence of negative sexual experiences." One woman with a 10-year history of MS reported, "My sexual desire decreased a lot after the disease . . . I had a much better sexual desire before getting sick, but now, especially this last year, I have no sexual desire

Multiple sclerosis
Progressive disease that attacks the central nervous system

at all, I can say only 10% of it is left." There is also the fear of a negative experience: "I'm always worried by my urinary leakage, lest it causes me shame before my husband" (Ghasemi et al., 2020).

Urinary incontinence is a common disorder in women, independent of MS, that affects quality of life and sexual functioning. Aksoy and Yilmaz (2022) analyzed data provided by 408 women (average age 36) with urinary incontinence problems who completed a 28-item questionnaire. Results revealed that the urinary incontinence problem had a negative effect on sexual function and quality of life.

However, individuals with MS/urinary incontinence and their partners can improve relationship and sexual satisfaction through counseling and communication about sexual issues. Humor might help. One woman concerned about her urinary incontinence told her partner, "Just call me Miss Drippy."

National Data



Worldwide 2.9 million individuals have been diagnosed with multiple sclerosis (MS International Federation, n.d.).

Cerebral palsy (CP)—a condition caused by brain damage that occurs before or during birth or in infancy—also involves symptoms that can interfere with sexual expression. Infancy symptoms can vary according to the area and degree of brain damage, but generally include uncontrollable movement, lack of coordination, spasms, and speech impairment. Problems with sight and hearing may also occur. Cerebral palsy may also result in cognitive impairment (learning and intellectual or developmental disabilities).

11.4 Diabetes and Sexuality

Diabetes mellitus is a chronic disease in which the pancreas fails to produce sufficient insulin, which is necessary for metabolizing carbohydrates and fats. The symptoms—which may be controlled through injections of insulin—include excess sugar in the blood and urine; excessive thirst, hunger, and urination; and weakness. Most people with diabetes have type 2 diabetes, which is increasing dramatically in the United States and worldwide as populations become more sedentary and obese.

Diabetes in men is associated with erectile dysfunction (Hadisuyatmana et al., 2021). In women, researchers compared 75 females with type 2 diabetes with a control group of 75 females, average age 45 and 40, respectively. The data revealed that women with diabetes reported significantly more problems with arousal, lubrication, orgasm, and pain than women without diabetes (Ezeani et al., 2020). Similarly, analysis of data on 124 type 2 diabetes mellitus patients and 124 healthy individuals revealed that women with diabetes had a lower quality of sexual life than the women without diabetes (Serin et al., 2020).

Cerebral palsy

Condition, often caused by brain damage that occurs before or during birth or in infancy, resulting in muscular impairment and sometimes speech and learning disabilities

Diabetes mellitus

Chronic disease in which the pancreas fails to produce sufficient insulin, which is necessary for metabolizing carbohydrates and fats

National Data



According to the Centers for Disease Control and Prevention (CDC), 29.1 million individuals in the US have been diagnosed with diabetes; nearly 11 million are undiagnosed (Centers for Disease Control and Prevention, 2026).

Technology and Sexuality 11–1

Online Self-Diagnosis & Treatment



Since its inception, people have used the internet to acquire information on a variety of topics, including their own health. Individuals use websites such as WebMD®, symptom checkers, and apps to diagnose a possible illness or ailment. While online searches may be a common way for people to try to discover what's wrong with them, it is not the most reliable method for diagnosing or identifying a treatment plan.

Inaccurately self-diagnosing a sexual problem via the internet can have a negative impact on your sexual functioning and your relationships. For example, a woman may discover that she is unable to have an orgasm and goes online to find out the name of her concern. One diagnosis is "female orgasmic disorder." However, there are other factors that may cause her to have problems reaching orgasm—discomfort with her body, a lack of information about anatomy and physiological functioning, lack of communication, involvement in a relationship where she doesn't feel loved, or fear of becoming pregnant. Instead of examining other possible issues, people who consult only the internet may decide that they have a disorder and stop sexual activity, believing that there's something wrong with them. Such a decision may result in problems with their partner.

While the internet is a valuable resource, it must be used as only one source of information. Consultation with a credentialed professional who can ask the person for details about their specific concern is more likely to lead to an accurate diagnosis and treatment. In the end, individuals must decide for themselves if the potential negatives of self-diagnosing a sexual problem outweigh the potential discomfort and embarrassment that may result when talking with a professional.

11.5 Impaired Cognitive Function and Sexuality

Many illnesses and injuries result in impaired cognitive functioning—such as memory loss, language comprehension problems, learning disabilities, and confusion. For example, a stroke may cause impaired cognitive functioning and is also associated with decreased sexual satisfaction. In a study of 296 stroke patients who received sexual counseling, over half (54%) reported that they were sexually dissatisfied (more males than females) from 1 to 5 years after the stroke. However, those who continued with the counseling reported higher relational satisfaction despite problems in sexual function (Meesters et al., 2020).

> *You are not crazy, but you may be losing your mind.*
>
> Steven Magee

Down syndrome researchers Gokgoz et al. (2021) interviewed 12 mothers of adolescents with Down syndrome. The mothers felt overwhelmed with the care of their adolescent and inadequate to address their sexual needs. The researchers emphasized the need for educational and supportive programs for parents of adolescents with Down syndrome.

Some illnesses and injuries, such as multiple sclerosis and cerebral palsy, may involve both sensory-motor impairment and cognitive impairment. Next, we examine impaired cognitive function and its effect on sexuality by more closely focusing on Alzheimer's disease and other forms of dementia, traumatic brain injury, and intellectual or developmental disabilities.

Dementia
Brain disorder involving multiple cognitive deficits, including memory impairment and at least one of the following: aphasia; agnosia; apraxia; or loss of ability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behavior

Aphasia
Impaired communicative ability

Agnosia
Loss of auditory, sensory, or visual comprehension

11.5a Alzheimer's Disease and Other Forms of Dementia

Dementia is a brain disorder involving memory impairment and at least one of the following: **aphasia** (impaired communicative ability); **agnosia** (loss of auditory, sensory,

or visual comprehension); **apraxia** (inability to perform coordinated movements); or loss of ability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behavior. Other symptoms of dementia include depression, personality changes, sleep disturbances, psychosis and agitation, and incontinence.

Causes of dementia include stroke, Parkinson's disease, head trauma, brain tumor, infectious disease (HIV and syphilis), and long-term alcohol abuse. The most common type of dementia, accounting for 60–80% of all dementia cases, is **Alzheimer's disease**—a progressive and degenerative brain disease that typically progresses through stages from mild memory loss through significant cognitive impairment to very serious confusion and the loss of ability to manage activities of daily living, such as dressing, eating, and bathing (Centers for Disease Control and Prevention, 2024a). A person with end-stage Alzheimer's disease may be incontinent, unable to speak, and unable to walk.



Adobe Stock

Alzheimer's is often challenging to both the person and the caretaker.

It is not uncommon for people with dementia to exhibit inappropriate sexual and social behavior, such as uninvited and intrusive touching and inappropriate sexual comments. For example, a hospitalized man diagnosed with Alzheimer's disease asked a female nurse who was giving him a bath if she would "jack me off." The nurse simply told him that she was giving him a bath, not performing a sexual service.

Apraxia

Inability to perform coordinated movements

National Data

An estimated 6.7 million Americans are estimated to be living with Alzheimer's dementia (Alzheimer's Association, 2023).



Alzheimer's disease

Progressive and degenerative brain disease progressing from mild memory loss, through significant cognitive impairment, to very serious confusion and the loss of ability to manage activities of daily living, such as dressing, eating, and bathing

11.5b Traumatic Brain Injury

Traumatic brain injury (TBI) is a closed head injury that results from an exterior force and creates a temporary or enduring impairment in brain functioning. The nature of impairment varies according to the severity of the injury and the specific area of the brain that is affected. TBI is most experienced by three different age groups: children ages birth–4, young adults ages 15–24, and older adults ages 65 and up.

Brain injury can directly and indirectly affect important aspects related to sexuality and sexual function. Following a traumatic brain injury, individuals may experience some type of problem in sexual functioning, such as reduced sexual drive and self-control, decreased erectile ability, or inability to become aroused.

Traumatic brain injury

Closed head injury that results from an exterior force and creates a temporary or enduring impairment in brain functioning

11.5c Intellectual and Developmental Disabilities

Developmental disabilities (DD) is a broad term that encompasses both intellectual disabilities and physical disabilities that occur before age 22. **Intellectual disability (ID)** involves subaverage intellectual functioning (with onset prior to age 18) and three functional deficits in adaptive behavior, such as needing assistance with bathing. Severity of disability can be described as mild, moderate, severe, or profound.

Developmental disabilities (DD)

A broad term that encompasses both intellectual disabilities and physical disabilities that occur before age 22

Intellectual disability (ID)

Condition that involves subaverage intellectual functioning and deficits in adaptive behavior (also referred to as *mental retardation*)

Increasingly, the emphasis in defining intellectual disability is focused on adaptive behavior—individuals are categorized in terms of their need for supportive services (intermittent, limited, extensive, and pervasive).

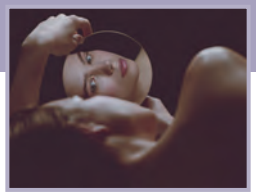
Retznik et al. (2022) noted that people with ID want relationships and may hide their relationships to avoid restrictions from their caregivers. The researchers suggested that caregivers need to support the young people's autonomy and take their relationships more seriously. In another study, analysis of data on 42 (average age 19) mild to moderate individuals with ID revealed that one-third reported having had sexual intercourse. Fear of failure and lack of opportunity were the reasons for not having had sexual intercourse. Most experiences were positive, and most women were on hormonal contraception (Retznik et al., 2021).

> *Sexual rights are human rights.*
> World Health Organization

Staff who work with individuals with ID often feel inadequate in their training, particularly regarding issues of sexuality (Charitou et al., 2021). Opinion is divided on attitudes toward sexuality of those who have ID. However, Carter et al. (2022) noted the goal of ensuring that people with ID have a voice on all matters affecting their bodies, even if they have high support needs, is important in promoting sexual and reproductive health and rights for all. Parchomiuk (2022) suggested the positive sexuality model in making decision regarding individuals with ID. You can assess your views on this issue by taking the *Self-Assessment 11–1*.

Self-Assessment 11–1

Attitudes Toward Sexuality of People with an Intellectual Disability



Directions

The items below provide a way to assess your attitudes and beliefs toward the sexuality of people with an intellectual disability. For each item, identify a number from 0 to 5 that reflects your level of agreement, and write the number in the space provided.

X – Not able to tell
0 – Completely disagree
1 – Mostly disagree
2 – Mildly disagree
3 – Mildly agree
4 – Mostly agree
5 – Completely agree

_____ 1. Intellectual disability eliminates sexual needs.

_____ 2. Individuals with intellectual disability are, in most cases, "forever children" and require constant care.

_____ 3. Individuals with intellectual disability are, in most cases, incapable of forming marital relationships.

_____ 4. Individuals with intellectual disability usually express their sexual needs in pathological forms.

_____ 5. Due to deficits in the cognitive and emotional spheres, individuals with intellectual disability are usually incapable of fidelity in a partnership.

_____ 6. Intellectual disability is always inherited; hence, individuals with disability should not be allowed to have children.

_____ 7. Love in a partnership of individuals with intellectual disability is, in most cases, only an attempt to copy observed models and not a genuine feeling.

_____ 8. Sterilization would protect individuals with intellectual disability from sexual harassment.

_____ 9. Individuals with intellectual disability tend to commit sex-related crimes.

_____ 10. Bringing up issues related to sexuality during school education may arouse dormant sexual needs.

_____ 11. Individuals with intellectual disabilities are very unlikely to form happy relationships with each other.

Score: _____

Scoring

Add each of the 11 items. Total scores ranged from 0–55, with lower scores reflecting more positive views. The lowest possible score is 0, suggesting a very high level of acceptance of sexuality among people with intellectual disability. The highest possible score is 55, suggesting a very low level of acceptance of sexuality among people with disability. The midpoint between 0 and 55 is 27.5. Scores lower than 27.5 would reflect greater approval for sexuality of people with intellectual disability; scores higher than this would reflect greater disapproval for sexuality of people with intellectual disability.

Source: Parchomiuk, M. (2013). Model of Intellectual Disability and the Relationship of Attitudes Towards the Sexuality of Persons with an Intellectual Disability. *Sexuality and Disability, 31*(2), 125–139. Reprinted courtesy of a CC 2.0 International license via Springer.com.

There are two basic models for viewing people with disabilities: the medical model and the social model. The **medical model** (also called the *biological model*) views the individual as coping with a personal tragedy, which implies adjusting to limited functioning. The sexual needs of the individual are viewed as nonexistent. In contrast, the **social model** views ID as the product of specific social definitions that involve oppression of, and discrimination against, people with disabilities. The focus of the social model is to encourage people with disabilities to get control over their own lives by rejecting the social definitions that limit them.

Finding dating partners for those with ID has been a focus of concern in the United Kingdom (McCarthy et al., 2020). Relationship Support Services, Mates & Dates, and Mingle are examples that not only match those with ID but provide education and support. Membership is dependent on the referral from a professional.

Other researchers have focused on educating caretakers of those with ID. One of the caretakers reported: ". . . we, as service workers, tend to prohibit discussion of sexually related issues and behaviors among our service users; now our attitudes have been changed, becoming more open and supportive" (Chou, 2020). One of the adults with ID noted a feeling of empowerment and a willingness to "accept the challenge" to move the relationship with her boyfriend to the next level and get married.

Another concern for those with ID is their sexual health and functioning. Interviews with 12 guardians/disability professionals serving those with ID revealed a desire to support their sexual health without restricting their right to sexual expression. For example, becoming pregnant and having a child as an adolescent or adult with ID becomes a complicated endeavor—one that sexuality educators think requires serious consideration. While parents are the logical choice as sex educators for their children with ID, they often lack the specialized skills or choose not to fulfill this role (Ginn, 2020).

Bermejo and Jenaro (2022) reviewed the alternatives available to assist individuals with ID to experience sexuality. These range from providing people with help in achieving sexual satisfaction, such as using a vibrator, to having a professional have sex with them. The latter involves a "surrogate" professional to facilitate sexual behavior. The International Professional Surrogates Association (IPSA) supports such assistance.

Medical model (view of intellectual disability)

Views the intellectually disabled individual as coping with a personal tragedy—which implies adjusting to limited functioning; views their sexual needs as nonexistent (also called the biological model)

Social model (view of intellectual disability)

Views individuals with intellectual disability as the product of specific social definitions that involve oppression and discrimination

These "sexual assistants" and surrogates exist in varies countries. In Germany, the Prostitute Protection Act permits such engagement. In Denmark, there are training programs, and social workers who complete a one-year course can become certified as sexual advisers. In the Netherlands, "sex care" is provided and subsidized in some instances for people with disabilities. In the United States some surrogates assist people with disabilities.

A concern for those with ID/DD is the prevalence of sexual abuse and assault of people with intellectual disabilities. Children with intellectual disabilities are 3.5 times more likely to be the victims in sexual abuse cases (Daigneault et al., 2023). This risk continues into adulthood with a high risk of revictimization (Latavala et al., 2022).

11.6 Illness and Sexuality

Mental disorders are characterized by mild to severe disturbances in thinking, mood, or behavior associated with distress or impaired functioning. Analysis of data from 267 undergraduates revealed that 68.3% of women and 52.5% of men reported having some aspect of mental illness diagnoses, with women and White students reporting significantly higher levels (Ritter et al., 2022). *Mental illness* refers collectively to all mental disorders; there are more than 300 classified forms of mental illness.

11.6a Mental Illness and Sexual Dysfunction

Manohar et al. (2023) noted that sexual dysfunction among the mentally ill is very high. The disease process itself, coupled with the medications used to treat the mental illness, contribute to the increased prevalence of the sexual dysfunction. For example, depression has a negative impact on marital satisfaction. In an analysis of data on 160 wives, the researchers found that as their depression risk increased, their marital adjustment decreased, and they tended to have problems with sexual functioning (Ikican et al., 2020). The medications used to treat depression may also lower sexual desire, arousal, and performance.

> *No one would ever tell a cancer patient to 'just get over it.' Why people think they can tell those with a mental illness as much is baffling.*
>
> Sara Ella Coral

Spivak-Lavi and Gewirtz-Meydan (2022) conducted research on women with eating disorders and noted that negative self-body image and sexual dissatisfaction were linked in that the respondents were self-conscious and preoccupied with disparaging views of themselves during sexual intimacy. Unable to rid themselves of these ruminations, the quality of their sexual interaction was negative.

Schizophrenia is a mental disorder characterized by social withdrawal and disturbances in thought, motor behavior, and interpersonal functioning. People with untreated schizophrenia may report decreased sexual desire and difficulty in sexual communication and relationships with others.

Negative personality traits, such as being a psychopath, are associated with lower relationship and sexual satisfaction. This finding was revealed by Pilch et al. (2022) in their study of 1,945 women on the effects of male psychopathy on female satisfaction.

Mental disorders
Mental states characterized by mild to severe disturbances in thinking, mood, or behavior associated with distress or impaired functioning (sometimes called mental illness)

Schizophrenia
Mental disorder characterized by social withdrawal and disturbances in thought, motor behavior, and interpersonal functioning

11.6b Mental Illness and Barriers to Sexual Expression, Safer Sex, and Contraception

In residential settings for people with mental illness, such as group homes, lack of privacy and "no sex between residents" policies limit opportunities for sexual expression. Among noninstitutionalized people with mental illness, the formation of

intimate relationships is hindered by the stigma associated with mental illness and by the impaired social skills associated with some disorders. For example, individuals with schizophrenia tend to have fewer sexual relationships than the population of people without mental illness because of deficits in their social and relational abilities.

A major barrier to the practice of safer sex and the use of contraception among individuals with mental illness is lack of knowledge and possible inability to provide consent. The families of patients with mental illness may disapprove of their relative's sexual activity, resulting in a lack of support from family members in communicating with individuals with mental illness about contraception and safer sex. People with mental illness may also have limited incomes and cannot afford the most effective methods of contraception, such as Long-Acting Reversible Contraceptives (LARCs), despite insurance through the Affordable Care Act covering the cost in most states.

Some individuals with mental illness may lack the knowledge and the social skills needed to negotiate safer sex, such as persuasion or limit-setting. Not only may they not know what contraception is, but they may also lack the skills to discuss contraceptive use with a potential partner. The result may be an unintended pregnancy or STI. Finally, women with serious mental illness often have histories of physical and sexual assault and are at risk for repeated victimization.

What about the sexual needs of patients in a psychiatric ward? Kaplan et al. (2022) interviewed 13 men regarding their sexuality and the challenges they experienced expressing their sexuality as patients in an isolated ward. Two principal themes were identified: challenges in realizing sexuality within the isolated ward and the side effects of medications (which are often used to deaden sexual feelings/performance). The patients also had suggestions for improvements in the hospital to include open dialogue with the staff about supplying patients with measures for safer sex.

11.7 Effects of Pain and Fatigue on Sexuality

Many people experience pain or fatigue at different points in their lives. Both of these can impact sexuality negatively.

11.7a Pain and Sexuality

Pain can result from a disease or injury or from treatments for the disease or injury. Pain is associated with a number of health problems, including arthritis, migraine headaches, back injuries, multiple sclerosis, cancer, and **endometriosis**. Indeed, pain is a hallmark of endometriosis. Endometriosis is associated with a decrease in the sexual and couple quality of life (Alcalde et al., 2022).

Most people with chronic pain have pain-related difficulty with sexual activity. Painful conditions can impair range of motion or make vigorous movement in sexual activity difficult. Pain decreases sexual desire and contributes to emotional distress, anxiety, fatigue, and depression, which interfere with sexual functioning.

Various medications can relieve pain, which can have a positive effect on sexuality. However, pain is often undertreated with inadequate doses of pain medication. Pain medication may also have a negative effect on sexual desire.

In addition to minimizing the effects of pain on sexual functioning, couples can explore alternative positions for comfort and substitute noncoital sexual activity. Some sexual positions involve less physical exertion, place little or no weight on painful areas, and permit more control of depth of penetration during intercourse. When pain

Endometriosis

An often painful disorder in which tissue similar to the uterine lining grows outside the uterus; however, instead of exiting the body during the menstrual cycle, it stays in the body.

makes intercourse uncomfortable, couples can explore the pleasures of kissing, massage, cuddling, and oral or manual genital stimulation. Indeed, one option for people suffering from various physical ailments is to redefine how they view sexuality. For some, there can be an increase in sexual satisfaction if focus is taken off the genitals and placed on the whole-body experience.



Personal Reflection

Take a moment to express your thoughts about the following questions. Has pain ever prevented you from having sex? If so, did you discuss this issue with your partner? To what degree did your partner respond with understanding?

11.7b Fatigue and Sexuality

People with fatigue feel exhausted, weak, and depleted of energy. Fatigue may result from the effects of an illness or disease on the various body organs; it can also be due to aging.

Fatigue may be related to a specific illness. For example, individuals with **chronic obstructive pulmonary disease (COPD)** often experience fatigue due to decreased oxygen intake and the effort involved in breathing. Because breathing is difficult for COPD patients (some require an oxygen tank), any activity that increases respiration rate, including sexual activity, may be beyond the person's physical capability.

Fatigue may also result from medication or other medical treatments. The emotional and psychological stress that accompanies chronic illness and disability also produces fatigue, not only for patients but also for their intimate partners. Patients and their partners may spend a great deal of emotional energy trying to cope with the illness or disability.

When chronic fatigue interferes with sexual interest or functioning, several interventions may be helpful. First, the fatigued person might engage in sexual behavior at a time when they feel most rested and have the most energy. Second, the person may explore different positions for sexual activity and noncoital sexual behaviors that are less demanding. Third, counseling may help a person work through the conflicts of accepting the illness or disability to reduce psychological fatigue.

Chronic obstructive pulmonary disease

Collective term for diseases that affect the flow of air into the body, such as asthma, bronchitis, and emphysema (Individuals with COPD often experience fatigue due to decreased oxygen intake and the effort involved in breathing.)

11.8 Effects of Medical Treatment on Sexuality

Although medical treatments, such as medication, radiation, and surgery, can improve sexual functioning, they can also reduce sexual desire, produce erectile dysfunction or vaginal dryness, cause difficulty in reaching orgasm, and/or lead to ejaculation problems.

11.8a Effects of Surgery on Sexuality

Surgery can have positive effects on sexuality when it alleviates a condition that interferes with sexual functioning. For example, a man who lacks interest in sex due to chronic back pain may find renewed libido following successful back surgery. Or a woman who avoids sexual activity because she has endometriosis may be free of pain and able to enjoy intercourse again following surgery to remove the endometrial tissue.

However, surgical treatment of medical problems can also have a negative impact on sexuality. For example, surgery for gynecologic cancer can affect reproductive function and overall quality of life. Surgery can also impact a person's body image.



Adobe Stock

Surgery that alleviates a condition that interferes with sexual functioning can have an effect on sexuality.

Hysterectomy

Surgical removal of the uterus, known as a **hysterectomy**, is the second most common surgery performed on women in the United States (after the caesarean section). Surgical removal of the ovaries, called **oophorectomy**, alters estrogen levels in women, resulting in what is known as **surgical menopause**. The sudden decrease in estrogen can lead to decreased desire, vaginal dryness, and pain during intercourse. Hormone replacement therapy can alleviate these sexual dysfunction symptoms.

Mastectomy and Lumpectomy

People with breast cancer may have **breast-conserving therapy** (BCT, commonly known as *lumpectomy*), a **mastectomy** (surgical removal of the breast), or a **double mastectomy** (removal of both breasts). Women who have a mastectomy commonly struggle to accept their body image and may choose to wear prosthetic breasts that are inserted into a bra or glued onto the body. Alternatively, they may choose to undergo reconstructive surgery to form a new breast (or two new breasts, if they have had a double mastectomy). In a reconstructed breast, feelings of pleasure from touching the breast and nipple are largely lost because the nerve that supplies feeling to the nipple may be cut during surgery.

About 20% of women who have had mastectomies choose to "go flat"—avoid further surgery or wear prosthetics. This enables faster recovery from the mastectomy and prevents problems with reduced muscle strength and other risks of reconstructive surgery (BreastCancer.org, 2019).

Radical Prostatectomy, Orchiectomy, and Penectomy

Treatment for prostate cancer may involve a **radical prostatectomy** and/or an orchiectomy. Removal of both testicles stops the production of the hormone testosterone that nourishes the cancer. These surgical procedures result in infertility. Other sexual effects of these surgeries include erection problems; low sexual desire; and lack of orgasm, dry orgasm, and weaker orgasm. Cryotherapy is an outstanding alternative to radical prostatectomy that typically does not result in loss of erection or loss of bladder function. One man known to the authors who had cryotherapy said, "I don't have prostate cancer anymore and I still have a sex life."

Orchiectomy is also performed for testicular cancer, although in this case, the surgeon usually removes only the affected testicle, leaving the man with one testicle.

Hysterectomy
Surgical removal of the uterus

Oophorectomy
Surgical removal of the ovaries

Surgical menopause
Sudden decrease in estrogen resulting from removal of the ovaries that can lead to decreased desire, vaginal dryness, and dyspareunia

Breast-conserving therapy
Removal of the cancerous lump rather than the whole breast (also called lumpectomy)

Mastectomy
Surgical removal of one breast

Double mastectomy
Removal of both breasts

Radical prostatectomy
Surgical removal of the prostate

Orchiectomy
Surgical removal of the testicles

Fertility, sexual desire, and sexual functioning are rarely affected when only one testicle is removed. After undergoing surgical removal of a testicle, a man can have a silicone gel-filled prosthesis surgically implanted in his scrotum to regain a more natural look.

When a man has cancer of the penis or of the bottom part of the urethra, treatment may involve **penectomy**. Following a partial penectomy, in which only the end of the penis is removed, the remaining shaft still becomes erect with excitement, and sexual penetration can usually be achieved. Even though the most sensitive area of the penis (the glans, or "head") is gone, a man can still experience orgasm and ejaculation. A total penectomy involves removing the entire penis. The surgeon creates a new opening for the urethra, and the man expels urine from a tube between his scrotum and his anus. The man can experience pleasure by stimulating the area between the anus and the scrotum. He can pleasure his partner through manual or oral stimulation or by stimulation with a sex toy.

Ostomy Surgery

During ostomy surgery, a portion of the large or small intestine or urinary system is rerouted and brought to the skin surface of the abdomen. The resulting protruding portion of bowel is called a **stoma** (also referred to as an *ostomy*) and has a moist, reddish appearance like the lining inside the mouth. Depending on the type of surgery, urine or stool leaves the body through the stoma and is collected in a pouch adhered to the abdomen and worn under clothing. The most common reason for **ostomy surgery** is cancer, usually of the colon, rectum, bladder, cervix, or ovaries. Ostomy surgery may be performed on those with ulcerative colitis or Crohn's disease.

> *I got over wearing a bag long ago. For me it was life or death.*
>
> A colon cancer survivor

Ostomy surgery affects sexuality primarily through its negative effects on sexual self-concept and body image. A person with a stoma cannot control the elimination of urine, gas, or stool from the body. Functions previously conducted in private (urination, defecation, and passage of gas) are now out of control in public situations. This loss of control can be unnerving. However, these inconveniences are viewed in context. As a colleague noted, "I don't like it, but the surgeon got all the cancer and I'm alive."

Penectomy
Surgical removal of part or all of the penis

Stoma
Protruding portion of the large or small intestine (bowel) or urinary system that is rerouted and brought to the skin surface of the abdomen during ostomy surgery (also called ostomy)

Ostomy surgery
Surgery whereby a portion of the large or small intestine or urinary system is rerouted and brought to the skin surface of the abdomen, where the contents are collected in a bag (Cancers of the colon, rectum, bladder, cervix, or ovaries are typical causes of ostomy surgery.)

11.8b Effects of Medication and Radiation on Sexuality

Medication can improve sexual functioning either by directly affecting sexual response (for example, Viagra, Levitra, and Cialis improve erectile functioning) or by alleviating the health problem that underlies the sexual dysfunction (aspirin relieves pain that interferes with sexual desire). However, many commonly prescribed medications, including antidepressants, antihypertensives (for high blood pressure), and drugs for heartburn, interfere with sexual desire and functioning. Some prescription pain medications produce sedation, constipation, and nausea—symptoms that diminish interest in sexual activity.

Chemotherapy medication and radiation treatment for cancer patients produce nausea and fatigue, which reduce sexual desire. Hair loss, weight loss, and paleness—other common effects of cancer treatment—can reduce sexual desire by creating feelings of unattractiveness.

The treatment of cancer in the male is associated with loss of erectile capacity. Treatment involves phosphodiesterase inhibitors, vacuum erection device, intracorporal injections, or a combination of these (Kim & Clavijo, 2020).

Medications and radiation can also interfere with fertility and reproduction. For example, women who must take medication regularly to control a health condition—such as antiseizure medicine for epilepsy—are advised to avoid getting pregnant because the medication they must take could result in birth defects. In addition, this medicine can also disrupt certain types of hormonal contraceptives. Women may choose to get their eggs frozen before they go through chemotherapy or radiation. Similarly, men who must undergo cancer treatment are advised to have their sperm frozen for later implantation since the ejaculatory capacity may be lost post-cancer (Kim & Clavijo, 2020).

Chemotherapy drugs and radiation used to treat cancer of the pelvic area can affect fertility by either temporarily or permanently damaging ovaries, or slowing semen production. When a medication has a negative sexual side effect, a doctor may suggest that the patient wait to see if the problem subsides, change the drug's schedule or dosage, switch to a different drug, or suggest taking another drug to counteract or neutralize the first drug's side effect. Alternative therapies that can relieve pain without the sexual side effects associated with medication include biofeedback, hypnosis, yoga, meditation, Pilates, and acupuncture.

11.9 Alcohol, Other Drugs, and Sexuality



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About 10% of college students report that they have a problem with alcohol.

Alcohol is the most frequently used recreational drug in our society and on college and university campuses (see *Social Policy 11–1*). Use of drugs and sex has been referred to as *chemsex* and thought to be a public health problem in that it may lead to HIV and STIs. Adolescents who were neglected as children were more likely to abuse substances (Kobulsky et al., 2022). Use of alcohol or other drugs is considered a mental illness when it meets the criteria for substance dependence or **substance abuse**—that is, the person no longer fulfills vital roles in work, relationships, and health (see Figure 11–1).

> *Intoxication, like sexual euphoria, is the privilege of the human animal.*
>
> Roman Payne

Figure 11–1 Criteria for Substance Dependence and Abuse

Substance dependence
▶ Drug tolerance (more and more of the drug is needed to experience the effects)
▶ Giving up important social, occupational, or recreational activities because of substance use
▶ Continued substance use despite knowledge that such use contributes to a physical or psychological problem
Substance abuse
▶ Failure to fulfill role obligations at work, school, or home due to substance use
▶ Recurrent substance-related legal problems
▶ Continued substance use despite its negative effect on social or interpersonal relationships

Substance abuse

The overuse or overdependence on drugs or chemicals that results in a failure to fulfill obligations at work, school, or home, the effects of which include danger (such as driving while impaired), recurrent substance-related legal problems, and continued substance use despite its negative effect on social or interpersonal relationships (also called substance dependence)

Alcohol—it provokes the desire, but takes away the performance.

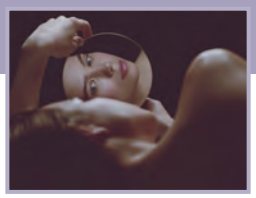
William Shakespeare, *Macbeth* (Act 2, Scene 3)

11.9a Alcohol and Sexuality

Alcohol is a central nervous system depressant that physiologically suppresses sexual response for anyone who drinks. It can interfere with sexual arousal, penile erection, vaginal lubrication, and ability to achieve orgasm. *Self-Assessment 11–2* allows you to identify your motives for drinking alcohol.

Self-Assessment 11–2

Motives for Drinking Alcohol Scale



Read the list of reasons people sometimes give for drinking alcohol. Thinking of all the times you drink, how often would you say you drink for each of the following reasons?

Directions

Write the appropriate number after reading each item.

1 – Never/almost never
2 – Some of the time
3 – Half of the time
4 – Most of the time
5 – Almost always

_____ 1. To help me to enjoy a party
_____ 2. To be sociable
_____ 3. To make social gatherings more fun
_____ 4. To improve parties and celebrations
_____ 5. To celebrate a special occasion with friends
_____ 6. To forget my worries
_____ 7. To help my depression or nervousness
_____ 8. To cheer me up
_____ 9. To make me feel more self-confident
_____ 10. To help me forget about problems
_____ 11. Because the effects of alcohol feel good
_____ 12. Because it is exciting
_____ 13. To get high
_____ 14. Because it gives me a pleasant feeling
_____ 15. Because it is fun
_____ 16. Because of pressure from friends
_____ 17. To avoid disapproval for not drinking
_____ 18. To fit in with the group
_____ 19. To be liked
_____ 20. To avoid feeling left out

Score: _____

Scoring

The four basic drinking motives are social (items 1, 2, 3, 4, 5), coping (6, 7, 8, 9, 10), enhancement (11, 12, 13, 14, 15), and conformity (16, 17, 18, 19, 20). To get your score, add the numbers you selected for each of the five items for that motive and divide by 5. The lowest score will be 1 = never; the highest score will be 5 = always.

Based on 1,243 respondents, females scored 2.29 for social drinking, 1.61 for coping drinking, 1.99 for enhancement drinking, and 1.34 for conformity drinking; males scored 2.63 for social drinking, 1.59 for coping drinking, 2.33 for enhancement drinking, and 1.43 for conformity drinking.

The most frequent motive for women and men was to be sociable. The least frequent motive for women and men was to conform.

Source: Adapted from "Motivations for alcohol use among adolescents: Development and validation of a four-factor model," M. L. Cooper, *Psychological Assessment, 1994, 6*(2), 117–128. American Psychological Association, Inc. with permission from M. L. Cooper.

Whereas some partners consume alcohol to enhance sexual intimacy, others drink to suppress their negative feelings toward sex or toward their partner and to tolerate sexual relations. Long-term alcohol use in high doses can lead to cirrhosis and other diseases of the liver and several other health problems that affect sexual functioning and relationships. In men, alcoholism can lead to decreases in testosterone, loss of facial hair, breast enlargement, decreased libido, and erectile dysfunction. In women, alcoholism can interfere with menstruation and ovulation, leading to early menopause. Alcohol use is also associated with sexual assault. While women are often thought of as the victims of alcohol rape, intoxicated men are also raped (DiMarco et al., 2022).

Social Policy 11–1

Alcohol Abuse on Campus

While some college students do not drink, most do. And some have a problem with alcohol. Of 3,827 undergraduate males, 18% agreed that "I have a problem with alcohol or drugs" (38% strongly agreed); of 12,331 undergraduate females, 16% agreed to having a problem with alcohol/drugs (Hall & Knox, 2023). Hence, over half of these 16,000-plus undergraduates reported a problem with alcohol/drugs.

Campus policies throughout the United States include alcohol-free dorms; alcohol bans, enforcement, and sanctions; peer support; alerting parents; education; and alcohol-free events. An example of the latter is Western State Colorado University, which offers late-night movies, $1 breakfasts, dances, and a safe spring break alternative. The University of Albany also has a year-round campaign that addresses making healthy choices, not just a brochure distributed during freshmen orientation.

Most colleges and universities do not ban alcohol or its possession on campus. Indeed, some sell alcohol at football games to boost revenue. Some attorneys think colleges and universities can be held liable for not stopping dangerous drinking patterns, but others argue that college is a place for students to learn how to behave responsibly.

Cimini and Martin (2022) suggested that the mental health facility on campus could routinely screen all students for alcohol/substance abuse, thereby identifying those engaging in risky use that could lead to future problems and allowing for early intervention. Unfortunately, most campuses are already facing challenges meeting the needs of the students and may not have staff to do these routine screenings.

11.9b Marijuana and Other Recreational Drugs and Sexuality

Recreational drugs are often used with the intention of enhancing sexual pleasure. Lock and Simmons (2020) surveyed subjective experiences of cannabis during sex by 382 adults, mean age 32 (mostly cisgender White) who reported several themes including "sexual sensation/functioning enhancement, anxiety increase and reduction, and trauma coping. Partner type, dosage, changes in tolerance, and interactions (or lack thereof) with other substances all influenced subjective sexual experiences." The researchers concluded that "cannabis users have a broad array of motivations and experiences pertaining to sex while feeling the effects of cannabis, which are nuanced and context-specific."

Previously, Moser (2019) analyzed data from a survey completed by 811 social media respondents who revealed that cannabis use was associated with reporting both enhanced sexual functioning and satisfaction. Age and gender were not found to have significant effects on cannabis use and sexual functioning and satisfaction. Participants reported increased desire, orgasm intensity, and masturbation pleasure. Results indicated that taste and touch were enhanced when using cannabis.

Another drug sometimes used to enhance sexual pleasure is **ecstasy**, also known as *MDMA*, *X*, *Molly*, or *E*. Ecstasy has both stimulant and psychedelic effects that can result in increased energy; enhanced sense of pleasure and self-confidence; and feelings of peacefulness, acceptance, and closeness with others. Although these effects of ecstasy can enhance sexual pleasure, the drug is also associated with several dangerous risks, including dehydration, hyperthermia, seizures, and heart or kidney failure. It can also lead to erectile impairment.

Cocaine (snorted or injected) or crack (smoked) use has a significant negative effect on sexual function and overall health. Although new users of cocaine may perceive a positive effect, this is not specifically a sexual effect; rather, it is likely a function of the overall feeling of confidence and energy associated with the use of the drug. However, regular or long-term use results in diminished sexual desire, erectile ability, and ability to have an orgasm. In addition, using cocaine increases the risk of heart attack, sudden death, and other cardiovascular conditions.

Ecstasy

Drug also known as *MDMA*, *X*, *Molly*, or *E* that has both stimulant and psychedelic effects and can result in increased energy; enhanced sense of pleasure and self-confidence; and feelings of peacefulness, acceptance, and closeness with others (use is also associated with dangerous risks, such as heart failure)

Crystal methamphetamine is a stimulant that decreases inhibitions, enhances libido, and heightens perceptions of sexual intensity. Although it constricts the blood vessels, interfering with prolonged erection, some users counter that effect by using Viagra or another similar drug. The hazards of crystal meth are great, and the drug is highly addictive. Its use promotes risky sexual behaviors and, especially among gay men, is substantially linked with HIV and other STIs. It causes long-term damage to the brain (to all users, not only addicts) and can result in heart failure, stroke, memory loss, paranoia, anorexia, malnutrition, and dehydration.

Drugs and Erectile Dysfunction

Here are some of the illicit, abused, prescription, and over-the-counter medications that have been associated with erectile dysfunction in some patients (WebMD, 2019):

Diuretics and high blood pressure drugs

Antidepressants, anti-anxiety drugs, and antiepileptic drugs

Antihistamines

Muscle relaxants

Non-steroidal anti-inflammatory drugs

Parkinson's disease medications

Antiarrythmics

Prostate cancer medications

Chemotherapy drugs

Tobacco

Alcohol

Barbiturates

Alfaro et al. (2022) also reviewed 86 cases of individuals who were taking selective serotonin reuptake inhibitors (SSRIs) (e.g., Prozac, Paxil), which are antidepressants used to treat major depressive disorder, anxiety, and other psychological issues, and found a drop in libido and an increase in sexual dysfunction following the withdrawal of SSRI medication.

11.9c Alcohol, Drugs, and Unsafe Sex

Use of alcohol and other drugs is associated with having unprotected sex. High-risk sexual behavior associated with substance use may result from the disinhibiting effects of the substance, the effect of the substance on judgment, or the exchange of sex for drugs (or for money to buy drugs).

Chapter Summary

In this chapter, we examined the effects of physical and mental illness, disability, and substance use on sexuality.

Effects of Illness and Disability on Sexuality

Physical and mental disability typically have a negative impact on one's sexuality. People with disabilities are less often valued as a romantic partner and assumed to be asexual. Health-care workers often ignore the sexual needs of people with disabilities.

Effects of Illness and Disability on Self-Concept and Body Image

People with chronic illness or disability are vulnerable to developing a negative self-concept and body image. They are also susceptible to viewing themselves as undesirable or inadequate romantic and sexual partners.

Impaired Sensory-Motor Function and Sexuality

A number of neurological diseases and injuries, including spinal cord injury, multiple sclerosis (MS), and cerebral palsy (CP)—can result in impaired sensory-motor functioning. The effects of sensory-motor impairment on sexuality are varied and depend, in part, on the type and severity of the illness or injury.

Diabetes and Sexuality

Diabetes mellitus is a chronic disease in which the pancreas fails to produce sufficient insulin. In women, diabetes can result in lack of sexual desire and orgasmic dysfunction. Diabetic men may have erectile dysfunction.

Impaired Cognitive Function and Sexuality

Many illnesses and injuries, such as Alzheimer's disease and other forms of dementia, traumatic brain injury, and intellectual disability—result in impaired cognitive functioning, such as memory loss, language comprehension problems, learning disabilities, and confusion. Inappropriate sexual behavior is common among people with cognitive impairment.

Mental Illness and Sexuality

Mental disorders are characterized by mild to severe disturbances in thinking, mood, or behavior associated with distress or impaired functioning. Some mental illnesses and their treatments (medication) are associated with problems in sexual functioning. Major depression is associated with a higher risk of erectile dysfunction in men and lower sexual desire in both women and men. Some antidepressant medications used to treat depression interfere with sexual desire and arousal.

Effects of Pain and Fatigue on Sexuality

Pain can impair range of motion or make vigorous movement difficult during sexual activity. Pain decreases sexual desire and contributes to emotional distress, anxiety, fatigue, and depression.

Effects of Medical Treatment on Sexuality

Although medical treatments such as medication, radiation, and surgery can improve sexual functioning, they can also reduce sexual desire, produce erectile dysfunction or vaginal dryness, cause difficulty in reaching orgasm, or lead to ejaculation problems. Surgery can also affect sexuality by removing a part of the body involved in sexual activity, causing negative changes in body image and self-concept, affecting hormonal levels, and causing infertility.

Effects of Medication and Radiation on Sexuality

Medication can improve sexual functioning either by directly affecting sexual response or by alleviating the health problem that underlies the sexual dysfunction. However, many commonly prescribed medications interfere with sexual desire and functioning.

Alcohol, Other Drugs, and Sexuality

Alcohol is a central nervous system depressant that physiologically suppresses sexual response. It can interfere with sexual arousal, penile erection, and ability to achieve orgasm. Long-term alcohol use in high doses can lead to cirrhosis and other diseases of

the liver, as well as several other health problems that affect sexual functioning and relationships.

Recreational drugs, such as marijuana and ecstasy, are often used with the intention of enhancing sexual pleasure. Ecstasy is associated with several dangerous risks, including dehydration, hyperthermia, seizures, and heart or kidney failure. Use of alcohol and other drugs is associated with having unprotected sex.

Web Links

MedlinePlus®
https://www.medlineplus.gov

HealthFinder
https://health.gov/myhealthfinder

Better Health Channel, Disability and Sexuality
https://www.betterhealth.vic.gov.au/health/servicesandsupport/disability-and-sexuality

Cannabis and Sex
https://weedlovesex.com/

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