

## **Men's Group**

**Department:** Counseling and Recreation

**Priority:** Elective

**Overall purpose of class:**

This group provides a safe and confidential environment for men to talk about their experience as women with disabilities. Students discuss a wide variety of issues of personal interest receive peer and professional support in creating strategies and techniques for solving problems and coping with the lasting impacts of their disabilities.

This is a large group composed of most of the men in the program. Although stereotypical differences do exist between the Women's and Men's groups, this group appear to be much better accepted than Men's groups outside of the Center. It is extremely well attended by men who would ordinarily not choose to share and openly support the emotional concerns of others. Strong bonds are formed and a surprising amount of camaraderie and mentoring occurs routinely.

**Number of classes held per week:**

One section a week is available.

**Optimum class time:**

Morning

**Instructor requirements:**

One very skilled and experienced male counselor. At the Center we have hired a male counselor on a contract basis who teaches only this course.

**Number of students:**

Up to 16.

**Student ability range and limitations:**

Wide range in type and impact of physical disabilities.

**Space and Equipment requirements:**

- Room that will accommodate 15-16 people.
- A minimum of 10 very comfortable chairs and space for 5 wheelchairs
- Television with DVD player
- Video capability to capture discussions of topics that will help other students.

**Student Needs to be met from the perspective of the instructor:**

Students are urged to take part in this support group/class who are experiencing concerns over the loss of their former gender-related skills, abilities and relationships. Sexuality and altered roles with spouses and/or with partners are key issues in both the Women's and Men's groups.

**Typical Student Goals that lead to placement in the class:**

Students who are aware of gender related issues request this class. Students who take this class have stated goals to learn to deal appropriately and effectively with gender related issues.

**Suggested Lessons and Activities:**

This class is conducted in a support group format with student topics and concerns driving the curriculum.

A special curriculum on disability and sexuality was developed at the Center by Lois Widom, the original counselor at the Center during a sabbatical leave research study. Her summary conclusions were:

**Disability and Sexuality--Myths and Reality****Introduction**

As rehabilitation educators, no matter what our professional affiliation or job title, we need to be aware of the effects a physical disability can have on an individual's sexuality. Sexuality can be defined in a very broad sense as the way a person views himself as a man or a woman, the way he perceives himself as worthy of receiving and giving affection as well as the narrower sense of how he expresses himself in an intimate sexual relationship. Clearly, people's needs to feel loved and cared for and to express their affection are not diminished by disability, age or illness. As rehabilitation educators, we are all interested that the people with whom we deal attain a satisfactory quality of life along with a positive self image. In working towards these goals, we need to feel comfortable ourselves in discussing sexuality so that others will be comfortable in discussing their special needs with us. In the past few years, there has been an outpouring of helpful literature on sexuality and disability. (See the bibliography) Here I am only going to mention some of the misconceptions we all commonly hold about this subject, so that we can think about how we can be most helpful to our students.

Misconception 1: Older people are no longer interested in sex.

In fact, even though the sexual response may change with age, the need for closeness and affection does not. Many older people feel more comfortable with sex because they no longer have to deal with the problems of pregnancy, family interruptions, etc. The most important predictor of a successful sexual relationship is two willing partners.

Misconception 2: Genital sexual intercourse is the only way of achieving satisfaction.

Just as our students have learned new ways of performing many activities of daily life, they can also learn alternative, imaginative ways of achieving sexual satisfaction. Along these lines, the idea of the missionary position as the only position must be abandoned to accommodate physical changes.

Misconception 3: Impotence brings an end to sexual activity.

Every instance of impotence needs to be looked at to determine if there is a correctable medical cause, such as diabetes or the use of anti-hypertensive drugs. If the condition cannot be corrected, there are mechanical ways to assist an erection.

Misconception 4: People with spinal cord injuries are not capable of sexual feelings.

In fact, research has shown that an erotic zone often develops at the level of the injury. Women with spinal cord injuries are capable of pregnancy and birth, as men with spinal cord injuries are capable of fathering children.

Misconception 5: Sexual activity will cause another stroke.

This should be discussed with a physician, but is usually not the case. Persons who can resume daily activities are not jeopardized by sexual activity.

Misconception 6: People with bladder and bowel dysfunctions cannot have sexual relationships.

In fact, frank discussion and advanced planning can decrease embarrassment and avoid problems.

Much has been written in the past few years for both professionals and disabled persons about the specific ways of dealing with various disabilities and achieving sexual satisfaction. A few of these books are listed here, so that we can all become better educated and know resources where we can seek assistance. In dealing with sexuality we must also be aware of safe sex practices and AIDS education.

## Bibliography

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