

Introductory Statement

It is with great enthusiasm and distinct pleasure that I introduce Stanley Ducharme, Ph.D., the new Editor of *Sexuality and Disability*. Dr. Ducharme has been a colleague for many years and has maintained an active, cutting edge in the field of sexual concerns of persons with disabilities. He is Chief of Psychology and Director of the Sexuality and Disability Training Center of the Spinal Cord Injury Center in the Department of Physical Medicine and Rehabilitation at Boston University School of Medicine. He has conducted Sexual Values Awareness Seminars (SAR) and other training in sexual health and disability since the late 1970s. He has also maintained a strong profile in the American Congress of Rehabilitation Medicine (ACRM) as a recent Annual Meeting Program Chair and is one of the original members of the Task Force on Sexuality and Disability, ACRM.

As the founding Chairperson of the ACRM Task Force on Sexuality and Disability, I am particularly honored to introduce this first issue of *Sexuality and Disability* under Dr. Ducharme's editorial guidance because Nathan Zasler, M.D., Guest Editor of this issue, is also the current Chairperson of the ACRM Task Force on Sexuality and Disability. The members of this Task Force together with the strong support of The Coalition on Sexuality and Disability join forces toward maintaining the excellence of this journal as we pursue advancement and new contributions to the field.

From the late 1960s until the early 1980s, we experienced many changes in the fields of sexuality and rehabilitation medicine. High interest in sexual health concerns and in its integration into many curriculums of training programs has been evident. Innovative research projects, professional and patient education programs, and comprehensive and effective treatment modalities have been created. These achievements have been accompanied or followed by increasingly conservative times, not only in the economy but also in restrictive societal attitudes about sexuality. Budgets and established programs have been reduced or eliminated in recent years, and medical and rehabilitation personnel cutbacks have been experienced by many of us. An increase in religious fundamentalism with sex-restrictive or -negative values and societal conservatism have negatively impacted on recent abilities to provide sex education and sex-

ual health care in a comprehensive way. Further sex-negative messages have increased with the presence of sexual abuse, sexually transmitted diseases, and AIDS.

We have seen the emphasis on sexual health and sex education shift to facts, procedures, and specific methodologies—many times at the exclusion or minimization of personal feelings and the emotional results of these problems on the patient as well as the professional. There may be little or no attention given to the impact that the disease, disability, injury, or medical event has on the sexual health of an individual. In the most recent decade, we have also observed increasing numbers of medical facilities and professions which appear to be much more comfortable focusing on structure and technical instructions about management of sexual problems rather than building professional competency in communication, self assessment of values, and understanding of the broad spectrum of contemporary sexual behavior as part of the treatment process.

During this psycho-sexual-social evolution of twenty years, we have also seen the establishment of some excellent literature on sexuality and disability. In the early 1970s many books, articles, publications, and patient education materials were developed in general rehabilitation concepts concerning sexuality as well as in specific areas such as spinal cord injury, cardiology, pulmonary disease, cancer, urology, and developmental disabilities to name a few. Chapters have been added to rehabilitation medical textbooks and an increased demand for training by rehabilitation specialists has been prevalent, although training is not always available because of a lack of adequate institutional funds.

Within the past ten years, very little new information has appeared in relationship to the volume produced in the previous decade. This is partly the result of the above previously mentioned problems.

However, we are now experiencing a newly emerging revitalization of some of the earlier attention to sexuality and disability. Institutions are looking for clear-cut policy guidelines so that competent, comprehensive, and effective professional training and patient treatment programs or plans may be implemented with an overall view to the philosophy of positive sexual health. Medical treatment teams are addressing sexuality, self esteem, and body image as activities of daily living considerations in patient care. Recently many institutions, facilities, and agencies have created committees to work on sexuality issues regarding policy, treatment, and staff training. I personally have noticed a distinct increase in the number of inquiries made to my office requesting information on specialists, programs, resources, and training opportunities.

We are on the threshold of exciting times and we now are presented with this timely opportunity to restate the importance of sexual health and to influence the thinking of all caregivers to increase their own competencies and to

address these sexual health issues in realistic and competent ways. One of the strongest vehicles to do this is through this already prestigious and now strengthened journal, *Sexuality and Disability*.

We look to all of you as future contributors and encourage you to share with us and your constituents your research, patient care programs, training methodologies, single case experiments, codes of ethical conduct, philosophies, theoretical concepts, and any resources newly developed.

Since rehabilitationists are a diverse group by nature, we expect that we will have active and enthusiastic participation from many different sources. We need to acknowledge and enhance a recognition that medical attention to the general principles of sexual health has been solidly established and remains valid. We need to look to the future and develop new knowledge on a variety of topics desperately needing attention, expertise, and expanded information.

For example, research methodology, practical professional experience, and examples of effective treatment procedures will need to focus on sexual issues of women with disabilities. We need to know and understand much more about fertility and reproductive choices, contraception, pregnancy, and birthing experiences of women with disabilities. As we are well aware, most of the attention in the earlier stages of development in the field of sexuality and disability focused on men. It is now time to speak definitively on related issues for women and from now on conscientiously to include women's issues as well as men's issues in all publications where relevant.

We must understand more about sexual exploitation and abuse of persons with disabilities and how these experiences impact on the individual, the family, the treatment system, the community support network, community services, legislation, and human rights. A future 1991 issue will be devoted to this topic.

We need to increase our networking capabilities to urge rehabilitationists and other professionals to include sexuality as an area of expertise within their individual profiles of professional competencies. We need to share our successes and difficulties and to pool our energies and expertise so that this important information is consistently distributed for adaptation as quickly as possible.

I am heartened to see once again that increasing numbers of training programs in Rehabilitation Medicine consistently include training on the topic of sexual health and I would like to see such forums expanded so that new and updated techniques and technology would be included regularly.

It is hoped that this journal will create an opportunity for dialogue around special cases or issues and will generate and stimulate desire for individuals to create their own research or training programs, which they in turn will share with the field.

We also must continue to improve our skills and abilities to recognize routine concerns about sexual health through sex education. The more we im-

prove our competencies, the less frequently we will experience the challenge of difficult problems. We need to remind ourselves not to become overwhelmed or distracted by the presence of sexuality as a health issue and to integrate it effectively with respect and genuine concern as an activity of daily living and a realistic health concern.

Of particular mention is the continuing need to educate physicians, not only those in professional training preparation, but also those in clinical practice, research, and teaching. Physicians remain an integral part of the health care team, and their presence, knowledge, and influence is keenly felt by the patient and the team. The forum of this journal provides an excellent opportunity to inform the physician, as well as the allied health professional, of the crucial role he or she plays in the validation of sexual health as a life issue, particularly as it relates to the conditions of various disabilities. It remains a challenge to all of us as professionals to address successfully these concerns in an informative, respectful, and compassionate way.

We look forward to subsequent issues of the journal, some of which will focus on specific topics. We also look forward with great enthusiasm to your response and participation.

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