A Case Analysis in Human Sexuality: Counseling to a Man with Severe Cerebral Palsy

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This article is a case analysis of a 25-year-old man, named Michael, who has cerebral palsy, generalized athetosis. His physical disability is severe and he has a profound speech disorder. Michael is functioning cognitively within the range of borderline intelligence. Michael requested human sexuality counseling. At the onset of counseling Michael stated that due to his physical disability he was neither able to masturbate nor could he find a sexual partner. Four key areas in sexuality and disability are discussed: (1) recognition of the individual with a severe disability as a sexual being, (2) masturbation as a valid sexual activity, (3) seeking an appropriate romantic involvement, and (4) the process involved in making a referral to a sex surrogate. The entire course of treatment is outlined along with the impressions of the counselor.

KEY WORDS: sexuality; disability; counseling.

Individuals with physical and/or developmental disabilities are often the recipients of a wide range of therapeutic services. If this individual attends a Day Treatment, Day Training, or Sheltered Vocational Workshop Program he or she most likely receives any combination of, or all of the following services: occupational therapy, physical therapy, speech therapy, and psychological services. The process of being examined, probed, manipulated, and assisted by therapists, doctors, and other staff members is always present throughout the individual's lifespan. Often the client is a passive recipient of the prescribed treatment. Rarely does the client (patient) have the opportunity to request a certain intervention or to control the course of treatment. On the other hand, it

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is my contention that a good therapeutic process always includes dialogue. A relatively new area of therapy for the disabled has been growing over the past decade. This area is human sexuality services. Proponents of providing this service recognize the legal, moral, and ethical right of all individuals to have access to sex education, information, and counseling. Everyone must be guaranteed the freedom of opportunity and sexual expression.

This burgeoning area is setting the tone for a most interactive therapeutic process that considers dialogue paramount while addressing the sexual lives of the disabled. The introduction of human sexuality has allowed, and welcomed, individuals with disabilities to express their desires to love and be loved, to touch and be touched, and to enjoy the pleasures of erotic and autoerotic stimulation. The unfortunate history of people with disabilities is that they have been treated as asexual beings. The present, and promising future, is giving the disabled the opportunity to explore their own sexuality without the fear of reprisal or punishment, or the pain of being ignored. United Cerebral Palsy of New York City, Inc. has employed a Human Sexuality Specialist virtually uninterrupted since 1977. The specialist has historically offered education, information, and counseling, as well as a healthy dose of encouragement and support.

Many of the individuals who attend programs in United Cerebral Palsy of New York City, Inc. are faced with the dual problem of cognitive/intellectual deficits and a physical disability. This physical disability compromises, to varying degrees, their ability to physically perform what they want to do. The cognitive deficits can cause untold problems in the areas of comprehension, retention, and expression. The human sexuality specialist must attend to both concerns simultaneously to be effective. This is a case study of an individual who represents many of the challenges of working with the disabled in the area of human sexuality. This article will follow the course of his treatment. I will present the case as it unfolded for me in terms of actual session content, and my analysis of the issues at the time they arose and in retrospect.

The individual’s name is Michael. He was twenty-five years old in 1985 when I first met him. Michael has a diagnosis of cerebral palsy, generalized athetosis. His speech is severely dysarthric and extremely difficult to understand. Although Michael’s arms and legs are in almost constant motion, he is able to move his own wheelchair by pushing with his feet. On the Wechsler Adult Intelligence Scale, Michael attained a Verbal IQ score of 78. The examiner was unable to administer the performance subtests due to Michael’s uncontrolable movement. Michael’s functioning is within the range of borderline intelligence.

Michael attended the United Cerebral Palsy Day Treatment Program. He would spend his days engaged in general academic activities and pre-vocational activities. Michael was friendly and was often seen in the company of his