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Sexuality & Intimacy for Couples with Disabilities
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>> Lindsay:  Hello, thank you for joining titled Sexuality & Intimacy for Couples with Disabilities. We are going to get started in just a couple minutes. We will give a few other attendees to join and get started shortly. Thank you.

Good afternoon, again, and thank you all for joining us for webinar titled Sexuality & Intimacy for Couples with Disabilities. My name is Lindsay Whitcomb and I'm with United Spinal Association and this is another program in our webinar series. Our webinars will be archived at www.unitedspinal.org. Today’s webinar is sponsored by Orion Medical Group/ Fertility Health Care
To learn more visit Orion Medical Group at www.medicalvibrator.com. Our presenter today is Eva Margot Kant who is in private practice. Eva is a compassionate professional experienced in helping couples and groups address challenges and frequently
life-changing issues. Mrs. Kant is Licensed Clinical Social Worker who holds a master's degree in social work from the Fordham Graduate School of Social Service Institute of Contemporary Psychotherapy and program in Sex Therapy at the New York University School Of Medicine. Additionally Mrs. Kant designs and conducts for assisting individuals for life goals and receiving training and coaching for the Coach Training Institute at NYU School of Continuing Education. We will have time at the end of today's presentation for questions so please use the questions window to write in any questions that you may have during the presentation. Without further ado I would like to turn the presentation over to Eva. Thank you.

>> Eva: Thank you very much, Lindsay, and welcome to all. I also would like to extend my thank you to Orion Medical Group Fertility Health Care for sponsorship of the webinar and if you go to www.medicalvibrater.com you will see that they are positive and wonderful asset to reinforcing the belief that everyone is entitled for healthy sex life and desired and can produce children. Thank you to united spinal for sexual intimacy for couples with disabilities. As we move along I also want to reinforce what Lindsay said about asking questions. Now we are going to have half hour at conclusion of my portion where if you be able to during the webinar type in your questions in the question box and Lindsay will
forward those questions to me and as best I'm able I will try to get all of them if I can. My sense is I experienced in presenting these kinds of programs that we will have many questions. So without further ado let's get the heart of the webinar and I hope you will take away from this program that you are entitled, deserved if you want to have a life filled with sexual, love, intimacy and connection. First and foremost the belief that you are not your illness or your disability does not define you. It is not who you are and it is a part of your life, and to be able to see yourself in your own entirety is key element because people can take the cues from you and one of the things we all have to do is begin to educate society, not to look at individuals as physical challenges and entire human being and that includes a sexual human being. So I know all of you are sitting going when do we go to the how to part of this and going to be pictures and is it going to be fun? I assure we will get to the how to and in the beginning what I want you to be able to do is like relax so that you can absorb the information and I will not ask anyone personal questions and most importantly to see how you view yourself. There's an exercise I often have my clients do as well as my students which is how would you describe yourself? So you would maybe have your name first followed by a comma and then have a series of words. Some could be perhaps your job if you were and mother
or father, stockbroker, whatever the job was, it could be a physical description feel describes you and these are what we call descriptors, but way too often people who were challenged by physical illness or obstacles or disabilities of any sort put that up at the front after their name so in essence defines who they are as a person. That gives the power over to the challenge rather than seeing yourselves as sum of all your parts including sexual being, sensual being. It puts such a heavy weight in challenges up front that it lessons those that follow. I want you to begin to see if you are physically disabled or challenged or have an illness, that is not who you are. It may be a description or part of a description but there's a difference in the word describe and word define. What defines you is what we are talking about. So for this program you might wonder how will I accomplish the sexuality and intimacy that promised in advertisement for the webinar and how am I going to get in touch with the feelings and how do I express my needs to my partner, and what about my partner, how are they going to express needs to me? How am I going to feel safe? Initially this may sound a little bit scary. Require openness, vulnerability and that's with any intimacy, so I just caution you to go slow, take a breath and going to start the conversation. Method that I created that I feel really helps solidify the view of how I see and what I have learned from my
clients is called the holy trilogy of sex. I assure you it is by no means religious in any manner. What I am talking about are three aspects. Sexual, sensuality and intimacy. We spend in society -- we society spends a lot of time talking about the sexual piece. And the sexuality piece what I'm speaking about is speaking about the act, sexual act, sexual play. There's such an emphasis here that we lose all fight way too often of sensuality and jump right from the sexual to the intimate and miss out on the most important part of the journey and that's the sensuality piece, so we will spend time on that as well because you cannot overlook that part because from the sensuality piece learn to identify sensation. Physical, emotional, actual thinking, sensations if you will, and from that awareness, how you're going to learn to then communicate those sensations. That communication between you and your partner is what's going to build the connection. The connection is the intimacy. Talk about it as an intimate connection. So now you're thinking -- giving a little bit of outline here, what we mean about each of these parts of the trilogy, why is it important that we view ourselves through this lens? Because one of the things I don't want anyone to forget is any one of the sexual pieces become -- challenged or changed, and they will through aging or through body sensations that come and go, whatever the challenges are, you still
We are going to look at the definitions of sexuality, sensuality, intimacy and focus on the mix and this is the talk that we integrated in our mind as self-talk. Okay? And then, of course, comes the how to parts and then talk about how do we communicate and come in with the questions. Sounds like a lot and I'm trying as best I cannot to rush over it because we really don't have a lot of time but touch upon these things, so let's go. Sexuality, so as defined sexuality is term sex and we tone mean sex to define male or female and sex to mean sexual act. Don't mean sex as intercourse. Anything that is under sex play. Okay? Find it interesting when you start thinking about conversations you have had, conversations you have heard, article you have read, about how people talk about sex acts. And I cannot tell you how many times I have heard people say out loud people with physical challenges or illness don't do act X or don't want act X. Fill in blank under your sexual definition. The same thing is done as biased based on gender, physical condition, culture, religion, age, there's whole lot of prejudice that even goes with this one word. Section two is on sensuality. That has to do with the five senses. Normally I would have someone tell me what the five senses are, perhaps they would get applause but for now it is going to be me addressing them and think about it. There's
hearing, sight, taste, touch and smell. Everybody always forgets at least one or two of those, including me from time to time, but sensuality has to do with the five senses, and they are the translators from our environment into our brain, from our -- they are the conductors from the environment into our psyche as well as the environment into our physical being. It means a feeling, sensation and oppression, any of those words. When you think about if you ever heard anyone ever describe a meal. Maybe someone that loves Italian food and they had garlic or something and said it somewhat like this. I had the most unbelievable meal the other night. The sauce was exquisite. The flavor lingered in my mouth. And the taste of the garlic was so powerful and, of course, we could go on and on and on and almost if I did it correctly sound like expression of a sexual reaction, right? But what we are talking about is someone who is fully engaged with their senses and I understand that many, many people have certain senses that may be more alive and certain senses that may not be working as perhaps they were previously or perhaps as you would like them to, but certain senses that are alive take over and important begin to see which one of the senses are most alive. Intimacy. There was a Dr. Named Mary Calderon and she helped get information approved for the American Medical Association but she said the following.
Intimacy, particularly touching -- and I say touching as however it manifests itself -- is a great need in all of us from the day we are born until the day we die. However touching manifests itself in your life. So intimacy could be sexual intercourse for some. Intimacy could be amorously familiar act but intimacy it connotates relationship and intimacy is a relationship. I go as far with definition of intimacy to extend to the intimate words we use when talking with a person we are fond of. There are intimate names we may call someone who's a friend, a partner, a loved one. We may speak in more intimate terms in language that we would only use with someone we feel comfortable, safe and close to. We demonstrate intimacy even in the gifts we buy someone and the fact that we have heard what they want, what they need, what they like, and we buy them gifts because we thought of them. We demonstrate intimacy in our awareness by purchasing gifts they will appreciate. And they enforce the overall connection. The opposite can also happen. I don't know if some of you have ever had a conversation with someone, maybe you have just met them, maybe once, maybe twice, and they proceed to tell new matter of hour or two of conversation every intimate detail about their lives. Their struggles, challenges, things that normally you would share over time and strange thing hand when you leave the conversation, you don't feel
like you know them any better, don't feel any closer to them. What has been established is almost a pseudointimacy. A false intimacy based only on the knowing of facts or details. Not on a feeling. Where maybe in another case one or two meetings with someone there's a connection and maybe a lot of facts and feelings of intimate nature and feel you came away feeling something close to that person, pardon the grammar in that sense. So in order to begin to unpack the sexual being in all of us, need to focus on the myth that have been perpetuated in the society through various media and how they affect us. They can make us feel unempowered, normal, influence self-esteem, take away a sense of sexuality, being sensual being, sexual being, make you feel ignored, overlooked, looked down on, fill in the blank. The myths come from media and some cases religion but not necessarily I don't want to spend too much time there, family, friends. We also tell ourselves based on past experience every time we move forward in any manner, shape or form that replicates we will feel the same way and that's usually in a negative feeling. Let's look at them. Myth number one under sexuality. Sex only for the able body. Let's lose the myth right now. You know, I have many students that ask me questions about what it is that makes somebody want to be a sexual being. Is it hormonal, is it something that they feel they need, and it
is very hard to put your finger on it. It is almost an intangible. It is definitively never based on whether you're physically disabled or challenged by an illness. Sex is not only for who society defines as, quote unquote, able bodied. We go further with people who are disabled in sex or intimacy nor are they desirable? Please erase these from your mind. These are the messages and we take in those messages and too often they become our language. Now, sex is easier as spontaneous. If you watch any movie or TV show this is how sex might go. You will have two people who will look at each other, maybe they know each other and there's a glance, look, very few words are ever spoken and next thing you see clothes are flying off, there's never a broken zipper, hook that can't be unhooked, there's never a torn anything. Clothes immediately become -- almost like Velcroed and rip the Velcro off and incredible sexual play and acts and everybody is happy and everybody is smiling when it is done. There's never -- never child interrupting, door being knocked and no one dare say go to the restroom in middle, never has a stomach cramp, leg spasm or nothing. By the way, this happens whenever the urge strikes. By the same token clients tell me all the time if I have to plan for sexual activity, then I don't want to do it. Takes the fun, the joy, the feeling away from it. Maybe it does for a second for some but the bottom line
is sex being easy, replace the word for a natural feeling, the desire for sex and if any of you have children and busy lives and jobs forget about any physical challenges, just those things or live with anybody else that's not involved with the partnership, it is going to be challenging. It is not always spontaneous but that doesn't mean it can't be amazing. Sex means intercourse. Take that out too because there are so many acts of sex play, reinforce play, again, should be playful, should be fun. Goal of sexual activity with orgasm, we are a goal-oriented society, get to the finish line and need to have proof we got there. Need the A in the class to show how everybody how smart we are. How do we show everybody how much we learned? Orgasm a wonderful thing and release and it is powerful and incredible but what it does is take away from the overall journey of the connection of the sexual play of the activities of the feeling, and if orgasm is only result and only way, by the way, period, end of the sentence. Someone once said to me, how do I know when I'm done then? Because somebody will tell you. Or you will say something in the most loving way but doesn't take away from the whole experience. I want to go down to the third bullet from the end. Men always want sex and women are not sexual as men. 100% untrue. Both of those can be flipped. Okay? Please don't feed into that. Sex involves body organs absolutely not
unless -- unless you include the brain but 100% includes psyche. Don't need to have energy. Actually they find that it recharges you. In the midst of sensuality, biggest myth it is not the most important part, and that it is significant and doesn't change and it does and you need to work on it. It is a fluid journey and one of your senses does not work, you're not doomed and it is important to be we're of your sensual feelings and can feel sensual and not sexual. They are not the same thing. Both do not stay stagnant. You need to update yourself. I know some of you are thinking oh my God who has time for all of this and we will make it so it is not an everyday 3-hour thing to do but need to be aware if you can. This is an important part of life, and it is something that should be able to give to yourself and finally intimacy and myth, it doesn't fluctuate. It does. Based on how connected you are to yourself or others, it can fluctuate. It comes naturally and automatic. Some people, many, many people are very terrified of intimacy, is because it makes you feel the most vulnerable. Means that connection you're letting the other in and therefore you will need to share the other. Intimacy equals sex. Not all the time. Intimacy is easy. It is not. But what intimacy is is powerful enriching nurturing connection. Let's get a little bit here on how we are going to get started on becoming more sexual sensual beings and developing
that intimate relationships. Goal is to become aware of the feelings inside and outside your body. That means the good and maybe the more challenged. It can be painful for many to feel things that you don't want to feel. Feel something that is not to use the word working the way you like it to or change from where it once was and that was a challenging and sometimes painful feeling. And we don't ignore that. We don't down play it and we don't disregard it but what we add is the feelings in the body that are alive and attuned and can become strengthened. Okay? We are going to understand through this webinar is the concept of body mapping. Finding where on your body things feel a certain way. Now, with these processes, these are going to be self-exploration processing as well as shared exploration. That's the key here with the partnership. There are exercises that you do alone and then these exercises become translated for two. Or if your partnership perhaps is more of a poly-amorous situation, more than two. When you begin the journey to become aware, sometimes emotions come up. Sometimes they're very painful emotions as I mentioned. Sometimes they can be overwhelming. So make sure if that starts to happen there's somebody that you can speak to to process these emotions whether it is a professional, perhaps a therapist, social worker that you see or talk with or very, very good friend
because that's important. You don't want to forget those emotions, don't want to push them down when something comes up it is saying I need to be heard. Now, you're also going to want to when you begin the exploration such as this, either as an individual or with your partner, you want to make sure your space is quiet, free of any distractions. No children running in and out, no iPhones, iPads, computers. I cannot tell you how many people are unable to be apart from their electronic communication device long enough to even talk to someone for two minutes. They have to have it nearby. My rule-of-thumb is it goes away. Goes in a drawer somewhere, wherever it is. Only exception, of course, in case something needs to be present for the health of the individuals or health of safety of loved ones in both cases. Other than that. I also want you to have some fun. Allow yourself to experience whatever happens even if you start laughing. This doesn't have to be the heaviest hardest thing to do. It should be fun and it should make you laugh. Sometimes clients say they feel silly when they do exercises and funniest things come through their head and one person telling me in the middle of trying to scan her body to begin to prep for sensation she started thinking about what she was going to make for dinner. Of course as therapist I'm all over that. What's that about, what are you trying to disassociate yourself, but we started laughing
because it is funny and maybe in her case food and turn out it was a very important part of her sensation and later can be incorporated into the sex play. Final point I would like to make is this is an ongoing process. Doesn't mean everyday and every week and all of that but as time goes by, keep checking in with yourself and with your partner, keep the lines of communication and awareness open. Otherwise things become stagnant, don't address the changes in your body and you're not growing and incorporating a new thing. Okay. So start with breathing exercises. In whatever way you're able to take your breath, in however strong way it can be taken for want of a better word and deep of breath you can take in whatever manner to relax body and mind is key for any exercise to help yourself grow. Bottom line. You want to begin to be aware of your breath. The inhale, the exhale, whether you're breathing on your own or with some assistance. It doesn't have to be an either or. That breath shuts down or slows down the mind and tells the mind and the body that I need to shift my focus. Need to begin to slow down, going to start something. Now, I do that with clients in the therapy room. I sometimes do it with my students because running from all over and talking and it is hard to go from talking -- distracted to start something, here we go. It is saying okay, brain, I'm going to shift now. First part of this is focus awareness
on your body. Start with whatever body part you feel comfortable with, could be head, feet, arm, could be neck, wherever you have the desire to start. And what you want to do is go up and down your body scan it, eyes open, eyes closed, keeping your breathe on top of mine but you want to start to feel and think about the sensations you're having. Do certain thoughts about certain body part come to mind when you focus on it? Yes, I had mentioned earlier might be perhaps a challenges thought. Some people tell me with every body part they may focus on the way it looks, for some it is not what it is able to do any more and then begin to think of it differently. How does that body part feel when your mind can focus on it. How we view or bodies bottom line affects intimacy. Okay? Now you might find all kind of fantasies come up. Some of which may be sexual or sensual in nature and some which may not. Going to begin if you can to make mental notes and if you're able to record these somewhere in some manner it could be recommended as well. This is a head to toe body scan. Okay? And you will be surprised what comes up. I will mention an interesting example. This was done -- there was a gentleman that was on television, forgot what show it was, involved strange sex, I think it is TLC or something, and it was interesting, the gentleman in his 30s I think it was unfortunately disabled in the sense
from accident where he no longer had feeling from the waist down and was in a wheelchair, and an important part for him of his life like most people is sexual being, the sexual part of his life, and he had some feeling but not enough feeling to get an erection and most definitely not able to orgasm. So he worked very, very closely with a sex therapist and I even think he used a sex surrogate in some form in the beginning, which is very different, which will lead me, of course, to talk about the movie and ironically was able to focus on his thumb. And through time his thumb became dare I say substitute for his penis and exercise he used -- masturbatory exercise he used on thumb gave him the release prior to accident prior to orgasm. I have told this quite a few times, it was on TV and gentleman was interviewed and told it to my students and graduate students and they looked at me and I know where their mind went, and some of your minds may be going to the same place. No, his thumb does not ejaculate, but it is based on sensation. That's what we are talking about. The mind can do amazing powerful things. And when you begin to train it to focus the way you need to have it focused, it can become your ally in shifting awareness from a sensation. Name them again. Hearing, seeing, tasting, touching. Now, I want you to think about under all of those senses something that makes you go hum. Certain smell,
certain taste, something that you see on a body part that feelings very strong lien when touched a certain way or by a certain fabric and that's a list that you want to begin to build up in whatever way you can make the list because those are things that you're going to want to incorporate later in the sensual sexual menu with your partners. Now, very often you might have a strange -- strange to someone else but very personal to you reason for going hum about that smell. It makes you feel good. Now, a number of people I have been told like the smell of gasoline. Now, I haven't figured out way to incorporate that in any foreplay that would not cause some fire, but if that's what smell you like, that's what smell you write down. But it is the smell for many of chocolate for some, fresh cut grass, sound of rain, sound of an ocean, baby's laughter, feel of a pet, soft rabbit, dog, whatever, the feel is against your body for some, for some it is a rougher feeling, maybe a scratchier feeling, this is a list you want to continue to build. Again, it is not a one time list. You will find the senses change and taste with the senses. No pun intended. Change as well. So we know the skin is largest sex organ and for some people it is head to toe, other people it is not that. Okay? What is interesting though is the body secretes the smell, pheromones. Many in the Animal Kingdom the pheromones is what indicates the mating season, what draws the different
animals together for the purpose of mating. And very undetectable smell and we don't even realize we are smelling it and what we do understand too is very often when parts of our bodies are touched it helps us release a certain pheromones and as I said in prior page it make us go hum. Some people reported that the most amazing feeling of touch for them is having the head massaged and will go to get the hair washed just to have the head massaged. For others it is having someone touch the drape of their neck. You need if you can in any way you're able to have your body touched or touch your body using various items, various fabrics, if you will, light touch, stronger touch, silky touch, scratchy touch, you want to touch the visible part and not so visible part. I'm not just talking about the sexual organs. I'm talking about whichever part of your body from head to toe you feel you can do this with because this is key. Not just focusing on the sexual organs, this is a sensual piece. Next two pages are diagrams because what is going to happen now from all of this exercise you're going to start to mark either by yourself or with assistance on these diagrams which part of the body feels what, which smells with the five senses, all of that, because this is the information parts of which you will share with each other. This is the diagram of the female and body mapping and if head likes to be massaged put X, strong on the scalp you
might say strong. Do thing with nose and write down the smells you like. For men, part of the diagram here, definitely not an artist, and looks like very assertive person I know the way he is standing with the utmost biggest I have seen, that aside the same thing here. These are guidelines for you to look at. Now, we are going to shift to another thing. Again, for all of these exercises, no sensors, no judgment, our mind can shut down sensual feelings and sexual feelings in a nanosecond. And you won't even know what hand. People think is this normal? Oh my gosh, shut it down. You judge, we judge ourselves constantly. The more we can get out of our head and into our bodies, the better off we are because the head is where you start to think about the know, normal, not normal. Okay, not okay. That's where the myths come in, that's where the negative self-talk comes in, we need to shut that down. Same thing will happen when we create the intimacy menu. Intimacy menu based on sexual and sensual things. So what is the intimacy, let your mind and imagination take over. They are sexual and nonsexual activities that bring you closer. They can include being hand-in-hand if that is what you feel to having someone hold your shoulder, lay your head on your shoulder to watching someone make a meal for you to specific sex acts. With your partner at a beautiful sunset. Each one of you separately is going
to create own intimacy menu full of sexual sensual things. Again, no censorship and next part of the communication and lecture that’s when we share the menu. Going to start small and gradually add things on and be surprised how fun this can be and by the way, I have couples been together, one couple was together for 25 years and they each did a menu and you know, we are not allowed to share it and shared it in session and did another one in workshop and they were shocked to find out the each of them knew and first thing they said was why didn't you tell me that? The answer, I was afraid. This is an ongoing thing. You may start to realize it is a lot of fun when we sit and sing together. I find that invigorates together and that goes down there and mind take over. No judgment, no censorship, it is whatever you need it to be. What are the keys? You each hold them. Need to identify the sensations, feelings and thoughts, and then communicate them and that's how you build on the connection. My guess for most of you is going to feel a little hard. Going to feel a little private. Fears here. Going to feel force. You know, goes back to sex should be spontaneous piece, shouldn't have to work at this. This all at one time is not done everyday but ongoing thing. For example, communication, what kind of touch would feel the best? What type of intimacy is most important and what aspects of sex are on your
menu. When you care about someone and you want to be with them especially if one or both of you have physical challenges or illness makes body more sensitive than others, generally that happens to everybody, but certain cases it is perhaps a little more exaggerated. Your loved one does not want to hurt you and they may be so afraid of physically hurting you that they are backing up and they are not allowing themselves to connect with you on way you want to be connected with sexually and sensually. The only way that can happen is through communication. The only way that can happen is for you to know yourself.

Misunderstanding before communicate can lead to hurt feelings, anger and frustration and that is the opposite, antithesis whatever a relationship needs to grow and flourish. Every couple makes assumption based on past assumptions, fears, whatever, and I cannot tell you how many time they are off and say to somebody, why don't you ask the person sitting next to you and they are still -- feel silly and ask and they are like shocked to find that they completely assumed facts not in evidence. When you ask allow the communication to continue, but the problem is what if you're afraid to be asked, what if you're afraid to find out something, what if you fear the answer indicates you did something wrong but that's to you. That's the way you're interpreting it. That will shut the communication down and prohibit the
connection. So you want to begin to also determine what your needs are on a sexual sensual basis and tied to people that are challenged by illness and physical disabilities of any kind and anybody communicating needs are hard. I need this, I want this, we are taught this can make us sound selfish. How do I decide what's important? I can't ask for too many things, already asked three things so can't ask for more and when determine what the needs are in this arena as in many others, you want to identify what they are and looked at your menu items, intimacy menu items, which one of those are needs? Which one of those are wants are what if? Identify them and prioritize them and communicate them. Here is what happens. Fear is number one block. We can feel shame. Shame we never asked before and shame that we were friend something and it wasn't real and shame in, I don't know, is this normal, you think you get asked that more than anything else. Am I normal? Is this normal? We get asked the question probably puberty to the end of our lives there. We are embarrassed, feel we are going to be judged. May be angry. Why do I have to ask or say my needs? My God, I have been with this person for how long? How can they not know? Devalues when they do dress the need they have to ask for it and resentment. And also guilt. You also don't want to be hurtful because it hadn't been done before, it was
something that really bothered you and now the person feels hurt and you don't want to feel hurt. Sexual sensual arena all of these things are really exaggerated so they stop people from communicating because we don't learn how to communicate our needs. We know how to not be selfish, taught how not to be self-absorbed and communicate needs on sexual sensual basis because that means we are asking what we want and don't know what we are talking about. Oh my goodness, I'm inexperienced or they will think I'm too experienced. Both of which can have negative connotations. The ultimate fear of rejection and I've saying to you you will get all of those things. Get over them and push them aside. So you will identify, assess, prioritize the needs, address any major ones, deal breakers. You cannot have more than a couple deal breakers and what I mean by deal breakers, things that you need to have or don't want. When you talk with each other. Set the stage, set the time, don't want to talk when the person is angry, either of you, don't want to talk when either of you is distracted or heard or attended to. You want to be playful as you can, definitely not harsh, judgmental tones, maintain eye contact when appropriate and I always have a problem with this myself. The words never are always with the word you. Generally speaking when women describe men they will say he never -- never does X and women
will say -- I mean will say she always does that. I don't know who always or never does anything. One of the questions that comes up a lot is how do I feel like I deserve this? You know what, you do. You deserve to have a life with things in it that you enjoy, that you want and so does your partner and there's a balance of these needs, so when you establish the time and establish the way that's when you become able to talk to each other and three words with communication that are key. There's tone, there's content and there's delivery. The tone in which you deliver your message in any arena whatsoever is -- determines whether it is able to be heard, let alone addressed. The content, the words are important. The words you choose, are they negative, are they judgmental, et cetera, and how deliver them. There's a famous therapist and he writes a book and talks about one of the biggest mistakes couples do is harsh start-up. You never listen to me when I'm telling you what you want. That's not communicating. That's not what you want. Tone, content and delivery. Final point regarding sexual activity, keep those doors open, of course, I don't mean the door literally if you have anybody that lives with you, unless they need to be there once again but I mean with communication. For any activity that you and your partner will have, you need to set the time when you will feel your most energized, set the time when least
distracted and need to take medication, need to set the time when the medication is in full effect. If something you need to do prior to intimate contact schedule the intimate contact just following that activity, whatever it is and you need to laugh and have fun and make it enjoyable, and forget the myths and the negative self-talk and all the things that make you feel that you are not deserving of a connection to your senses, a connection to your emotions, to your body, to your environment and to your partner. Need to keep rediscovering your body and all its amazing wonders, not just the challenging part, and this mantra, if you will, I deserve -- you, I, deserve to have a life filled with love, intimate connections, sensuality and if desired sexuality. I deserve. Remember any of your questions please begin to type in and thank you very very much for your attention. I wrote a blog. If you want to read it, I realized there's an error. For Valentine's Day www.icsny.org. Lindsay, are you here?

>> Lindsay: Yes. Lots of questions in. Long-term quad for 38 years any thoughts on maintaining it had attaining and maintaining an erection.

>> Eva: One of the things they find in research with men with different injuries as well as illnesses is you have to look at your past history since the injury occurred. You know, when you go to that website that we talked about, the sponsors, they have some
interesting vibrator items that we found earlier that I think can be helpful. The other part, and this is a very good question, the people that are most reluctant to talk to you about sexuality are clinicians, meaning the physicians. They did a study -- and I hope this answers -- when people become injured and go from the hospital to rehab, the first two questions they usually ask were will I walk again and what about my sex life and no one ever addresses the second because assumption is you should be so happy you're alive so what I would recommend is you speak to whomever you are the closest to in your clinical team, whether it is anybody who does PT -- now, there are people who does sexual physical therapy. There's an abundance more in the case of women, especially for sexual dysfunction but some do work with men. So you want to get an historical perspective on the injury, you want to understand from your physician exactly what could be done and what can't be done. You want to begin to train your mind to feel your penis in a different way if you can and check out that website to see if any of the items that they have would be helpful as well as other ones that specifically address sexual functioning in people with physical challenges, but do not leave out speaking to your clinical team and if you want a reform for physical therapist that specializes in sexuality, get that as well. You can get that on a couple different
places. Google as well as one. Now I must be clear, Lindsay, go on for 1 minute. Sexual surrogacy has recently come up with regard to the movie The Sessions and not a lot of surrogate partners. They are trained and work in tandem with a sex therapist and unfortunately the most of them are in California. One of the things they begin to help people with that have physical challenges is beginning to feel like a sexual being and that's mostly if they don't have partners, but to the person that asked the question, the website, speak with your clinician about what is possible from a medical standpoint. That includes whether any -- my guess they won't, that's Viagra and Cialis.

>> Lindsay: The sexual surrogate, that has come up a couple times, can you speak about the use of sexual surrogate, greater detail on that?

>> Eva: Absolutely. They are called surrogate partners. Ipsa.org, it is the association that actually -- it is a governing body. They need to be trained. And sessions I feel did a good job because based on sexual sex partner individual who's a member of AASECT who are most of us sex therapists and educators belong to. AASECT it is an international organization. Sex surrogate partners help individuals to begin to understand their bodies and work with their bodies where in a trained and specific way. Specified amount of sessions. Again, I have to emphasize that. Done in
tandem with referral and in conjunction with sex therapist or psychotherapist. Not done without that. Because it needs to have some sort of clinical -- what's the word I'm thinking? Oversight. But -- it cost I think a couple $100 a session. Not inexpensive but it can be very helpful. There are not that many any more. It was very big in the '70s, '80s but ipsa.org, I think it is i-p-s-a, if someone can look it up at this particular moment, ipsa.org is the organization, and they have them for men and they have them for women and it is not based on on just sexual intercourse at all. Based on understanding your body, reactions and having someone to work with who was solely -- solely focused on you and what you need, even if what you need is to feel somebody else. Sometimes it is hard with partners to get them to focus on their own needs when you pay someone like that. There's a number of people that have a problem because they feel to see the difference between this and sex worker industry, and it is a bit of a fine line, but sex workers such as escorts, et cetera, are not working in conjunction with sex therapist, not a governing body, but there are some things that do run parallel.

>> Lindsay: Getting several questions about caregiver. Changes, washes and wipes a spouse, intimacy is more parent to child instead of spouse to spouse. How does one work on changing those feelings?
Eva: Very good question and one that comes up all the time. It is very hard to see your partner as sexual being when you're doing those type of things for them, and it is wonderful that you are doing those things. First and foremost, it is important to thaw, the partner, address your needs, desires and wants in the format that we spoke about and it is important to have voice to your needs and your partner needs not the day-to-day of activity living, but very often talking about ADL, activities of daily living, making sex one of those, but so far it hasn't hand, but the thing to look at is how do you see each other separately, so if each of you have those lists, you set specific times with partners, spouses when if at all possible not required to do something at that moment rather than a small thing or two. You have what I would call spouse time and schedule time to talk about needs and wants and intimacy menu and to try to connect separately at that time differently. It is a challenge because one of the things the mind completely shifts off from looking at each other as sexual sensual beings and caretaker and person who needs to be cared for. Takes away the feeling the soul of the person, so again, start with addressing your own self, needs, desires, wants, menu, have a date. Even if that date is for 20 minutes, 15 minutes, where it is the two of you talking, however you want to communicate, and nothing in the 20 minutes is without any health
related need unless there's an emergency, of course, and then begin to schedule time when it is the sexual sensual. Small amount of times. Touching exercises, if it is about touch in whatever way. Speaking exercises if that works. Where you just are the two of you. Sex therapists across the country can help you with that too. So can general psychotherapist that can help with these types of challenges. It is a process and takes time and you sometimes move forward and sometimes go forward and back, forward and back, but it is a very common question. And scheduled time to be spouses. Scheduled time to be sexual human beings, sensual human beings, and schedule the time where it is not about taking care of in an activity of daily needs but taking care of each other's sexual sensual needs if possible. But also counselors that can work one-on-one with you for that as well.

>> Lindsay: Next question. Compliment great webinar so far. My wife is able bodied and I'm in a wheelchair and we like to be creative. There are websites, books, help us keep the sex life going strong. We like different positions and trying variety of safe ideas.

>> Eva: Let me compliment on how game you are, that's great. Variety is wonderful. I think karma sutra has how many pages and many more pages they can add for people with incredible and unique ways to make
their bodies work for them. I did see something on the medicalvibrator.com site that have some things where you can position yourself. Incorporating outside things such as fabric, foods, if that's okay, looking at your menus, your sexual sensual men use, things you want to put on there and adding them in, positions, of course, whatever positions you can do comfortably where you will not be worried about any challenges and focusing -- I mean focusing on the parts of your body where you have the greatest sensation for touch, for reception of the senses. And spending a lot of time stimulating and focusing on those areas. As for websites, there's a lot of different websites in term of erotica, erotic literature and interesting porn but really would depend on your taste, Googling, going on AASECT to see where they recommend, perhaps, there's a lot of different places but creativity is key, so when you look around your own home and think about your body and go on sites like the one that O'Ryan has and others, begin to see options are more than you thought. Music sometimes can change it but I really recommend zeroing in really laser focused on the parts of your body as person who has more less of other parts, zeroing in on the parts with the most sensation and literature, if reading one thing that people find is -- some people like being read to. Okay? And some people like hearing their spouse read to them.
Erotic stories. And that stimulates the senses. The hearing sense. Okay. That's one thing. The key is to start with the menu, find where on any of these websites are things that can spark your interest and there are chairs that enable you to move into different positions and I saw one -- just saw for a pillow where a woman could be in a certain position, complimentary chairs for both parties who may need intimate writers they are called, but I recommend also looking and incorporating as much as you can that makes you go hum, that could include reading erotic stories. It could include the viewing of pornography if that is agreed upon by both parties. I hope that has helped.

>> Lindsay: Yes, I think so. I have a T3 complete spinal cord injury and my wife and I are in early 30s. Is it normal to fantasize about inviting another man into our bedroom to please my wife. Is there any way to do that without damaging our relationship?

>> Eva: The three words. Is it normal for you? It is normal. People go to sex therapists -- people from all walks types sometimes because they want to introduce a third person and in this case you want to look at the reason you want to bring this person in. It is normal but what I recommend wholeheartedly is that before you do that you speak to someone in the field, sex therapy or psychotherapist trained in this area at all, because you want to be very careful and tread lightly. Jealousy and
hurt feelings can really come in very fast. These kind of things can work very well for many companies but there has been a cushion, the boundaries need to be set, rules determined and the feelings uncovered is to the reason that you want to do that. I understand it is to please your wife and that's a very caring thing, but we also want to address your feelings as well, and if you will enjoy watching it, then that's wonderful too because many folks do, but I really advise speaking to someone -- doesn't have to be like three years of work, but speaking to someone before going ahead if you would like to and need to have conversation between each other. The challenge will be to maintain feelings that can creep up to maintain guard against jealousy and feeling less than in all of that. Communication must, must take place here on multitude of levels and not just one time here.

>> Lindsay: Do you have any information with information with people with disabilities interested in dating and how to get started?

>> Eva: There are different websites that you can go on in general but how to get started dating. First thing is that it is very -- most important thing is you have to begin to understand and embrace yourself, and that sounds so cliche, yes, I know, face the myth and stereotype dysfunction and looks of whatever judgment you will get from the others out there. I have clients
who are challenged by multiple sclerosis and cerebral palsy putting themselves out there as well, and it is hard. You will have some people who see you as curiosity, whatever it is. The more you know about yourself -- don't want you to armor up so defend against good feelings but to know you might be hit with negatives, now the positives. When you go on the general website, harm knees and other places, ways to indicate what you're looking for and say it in your description, you will get some curiosity seekers and get people that do not care one way or the other. You can look into dating on websites for people -- there's a website I know people with different cancers and physical challenges as well but I think it is very clear what you're looking for and what you want and I will tell you it is hard but the fact to get out there -- may be hard, period, for everybody, but get out there and try and establish begins with sense of you and what you want and how you feel about yourself and put yourself embraces where you can meet people and talk to people where they get to know you. First thing, yes, very often, most often is, look, someone will notice that perhaps and if you have something else, whatever it is, but I have seen it where people engage in the conversation and quickly they acknowledge what's there because it can be a part of the person but it is not the entire person. These questions are really good. It is
hard when you're not working with someone individually on it for me to know exactly where you want to put yourself or where you live and what's available where you live versus in major city and smaller town and a lot of organizations I think between advocacy groups and I don't know if any of the ones, Lindsay, that you think of, that have more advice on these types of things, and I know it is important for you to understand yourself and what it is you would like.

>> Lindsay, I think you answered that very well. Come more questions we received are -- let me see here. Hold on one second. Use of sex toys perfectly acceptable in the relationship, somebody question what about the sex toys.

>> Eva: Perfectly wonderful gifts, they make great gifts. I'm call in favor what feels good for the two of you. Sex toys are fun, they can be incorporated and as long as they are done in a way where each party feels comfortable with the use of them. For example, many women -- I shouldn't say that. Number of women are challenged to have orgasm if that's what the goal is -- orgasm if that's what the goal is with certain types of sexual activity. They incorporate vibrator and very often the reaction has been oh my God that means I'm not doing something but when the partner is involved with that and becomes part of the sex play, then it becomes fun. It is not an instead of. It is an in
addition to. So the communication is important what you want to do and incorporate sex toys are great. Okay? But don't just assume to buy them and never talk about it because then you could run risk of offending the other, but you may be an at this time if the couple would like to go to a store and buy some together. Some of them need explanations and what do we do with that and I'm in the field. So you want to understand, but it is a wonderful field trip if you're able as a couple, have a store, you can go into together, by all means I cheer you on. It is wonderful. Sex toys are great but again, not without the communication piece because -- don't assume to buy a sex toy for the other without thinking because it is one that you want and other -- you could be very surprised partner may be offended or may be flattered and you're taking a chance if you don't discuss it. That's why it is fun to look online and lots of stuff to order online. So many websites for sex toys from Dr. Laura Burman in Chicago has her own, New York there's one that has online component called toys in babe land, I know there's sex pressings, you can have them shipped, no one has to know. There are so many kind for both men and women and men do not look down on sex toys for men. There are a lot of interesting fun sex toys for men but society has made it women only, but no. A lot of fun sex toys for men to be used as a couple.
>> Lindsay: Wonderful. We have two more questions. Somebody again mentioned the surrogate and my husband and I used a sex mediator while in Las Vegas. It was a wonderful experience but very expensive. We do not live in Vegas and sex surrogates do not seem to be easy to find here. Is there a listing of service providers? You said earlier you may want to repeat that. Is this something my insurance will cover?

>> Eva: That's a good question. Half the time the insurance doesn't cover medication you need. I don't know about insurance. I tend not to think -- they may cover -- the surrogate partner will -- said secretaries mediator, I have to wonder someone that works in conjunction with a sex therapist because if they do, it is a lot of money and partially why it is a lot of money because also paying for the therapist's time but also, that may be the piece I can get paid for by the insurance company. I absolutely have no idea regarding insurance because half the time I can't even get them to pay my client's therapy bill because they don't cover mental health a lot of the insurance companies and look into an organization and find anyone with a sliding scale and it is challenging because I actually am in New York City and asked for a surrogate to speak to my class and closest one that I had that responded is in Virginia. So that's New York City. I know California tends to have
more but what was -- I think I would look into what this person did and to how that can be achieved or it could be something that can be a special treat that you save up for. Certain time. I hate to say it that way. I hate that money is an obstacle for joy but I'm hoping some of the other tools that you can do some things together that may help balance that out. Try IPSA. I have to look at my notes to be doubly sure. International Professional Surrogate Association I believe.

>> Lindsay I work for some are for independent living and consumer for sexual issues and do not feel comfortable talking to them about it, where do I send them if they do not want to talk to their doctors about them?

>> Eva: Very common question. Where you can send them is to find a social worker psychologist, so psychotherapist the word sex therapist -- sex therapist we have gone through certain training and all shapes and forms and social workers to counselors and psychiatrist, and what you would encourage them to do if there was a social worker or psychotherapist who is open to talking about sex that you know of in your community refer them there and don't necessarily have to be a sex therapist to talk to people and go to AASECT they have where you can find sex therapists in your area. Another one organization called SSTAR, and I think they also have a listing. But it is not
just -- there are many psycho therapists who do talk about sex and that means they could be social workers, hospital social workers, social workers that give them advocacy groups, organizations, check with your local united spinal, maybe they also have someone or specific group but I know -- most people try to talk to doctors and find least productive conversation and we are trying to change that. I have done workshops and many others trying to educate and feel more comfortable talking about this subject.

>> Lindsay: Do we want to do one more question? Any advice for woman that tends to get bladder infection with sexual contact.

>> Eva: It is not uncommon to get interstitial cystitis, UTI, what I would recommend finding out what exactly -- so usually the intercourse that may cause it or something like that. You want to be very specific is to what part of activity is causing it and what exactly was driving it, whether it is the bacteria that's shared and male and intercourse is it a condom used or irritation internally and finding other ways. They do actually -- there was a client that was a colleague and taking antibiotics in prophylactic manner from time to time and she had to limit intercourse contact because of that because she got resistant after a while but change the activity to avoid that. The other thing is to check if -- with -- I'm going -- this I do go back to, either a
nurse practitioner, medical assistant or doctor and physician’s assistant and see what the cause is and then see what can be done. Sometimes it is through PT and sometimes physical therapist you can sort of shift but most the time it is based on bacteria and all of that, so I would recommend in this case to talk to medical professional if you have not ascertained exactly what the specific cause is. If it is based on intercourse with a male and what part of that causes because it is not uncommon, they used to call, by the way, cystitis in women bladder infections the honeymoon disease because when you had intercourse on your honey balloon you would cop back with bladder infections because all of a sudden having intercourse and bacteria -- I mean good bacteria, not like it is horrible but it was all of a sudden they would have bladder infections and very often if you haven't been sexually active from intercourse perspective or any type of item, if you will, that can cause irritation in the beginning again and have to get used to it again and figure out with your clinician if you don't already know what is the cause directly and any medications you can take prophylactically without developing resistance but most important what other activities can you do that can generate similar feelings because don't want to have bladder infections all the time.

>> Lindsay, I think that wraps it up. Thank you again
on behalf of national spinal cord injury association for the wonderful presentation and also again thank our sponsor Orion Medical Group / Fertility Health Care for making the webinar possible and our next webinar will be on Cutting Edge Fitness for wheelchair users which will be Wednesday, February 27th from 3:00 to 4:00 p.m. eastern standard time. You can register for the webinar online again at www.spinalcord.org. You will also be able to find the archived webinars on that website. So thanks again, Eva, so much for your presentation.

>> Eva: Thank you so much. Thank you all and have a healthy wonderful day. Take care.

>> Lindsay: Thanks. Bye-bye.

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